



AN HIV/STD SEXUAL RISK REDUCTION GROUP-LEVEL INTERVENTION FOR WOMEN

PARTICIPANT WORKBOOK

Packaged by:

Nonprofit Consulting Services—a program of Public Health Solutions
and the HIV Center for Clinical and Behavioral Studies
at New York State Psychiatric Institute and Columbia University

**Public Health
Solutions**
MERGING RESEARCH AND ACTION
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NOTE:

The following scripted role-plays, which are part of this FIO package, were transcribed from videos that were written and produced by the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University: "The Meeting" (Session One), "Aisha and Ray" (Session Two), "Yvonne and Carlos" (Session Five), "Janet and Richard" (Session Seven), and "Maria and Tony" (Session Seven). These scripts (called "Soap Scenes") are copyrighted by the New York State Psychiatric Institute and, as such, cannot be altered. The original videos can be ordered at <http://www.hivcenternyc.org/videos/>

Session One

Why Should I Care About Getting STDs
and HIV?

FIO Sessions

FIO Sessions

Session One: Why should I care about getting STDs and HIV?

Session Two: How do I avoid partners who don't care?

Session Three: What is the best way to protect myself?

Session Four: How can I find out if we are infected?

Session Five: How do I ask my partner to use protection?

Session Six: How do I influence my partner to use protection?

Session Seven: How do I refuse sex or unprotected sex?

Session Eight: How do I continue protecting myself and others?

Personal Risk Form

For each item circle Yes or No. These questions will help you think about which behaviors are putting you at risk.

1. Have you ever had a man put his penis in your vagina without using a condom?

Yes No

2. Have you ever had a man put his penis in your anus without a condom?

Yes No

3. Have you ever had a man put his penis in your mouth without using a condom?

Yes No

4. Have you ever had sex with a man when the condom broke?

Yes No

5. Have you ever had sex with a man when semen spilled out of the condom during removal and went into your vagina?

Yes No

6. Have you ever had sex with a man without knowing if he had an STD or was infected with HIV?

Yes No

7. Have you ever gone with a man who might have been having sex with someone else?

Yes No

8. Have you ever had an STD?

Yes No

9. Have you ever shared sex toys with a man (or woman) without applying a (new) condom?

Yes No

Self-Test on STDs and HIV

Please read each statement and decide if it is true or false. If it is true, circle True. If it is false, circle False.

1. You don't have to worry about getting a Sexually Transmitted Disease (STD) from giving your partner oral sex.
True False
2. There are some Sexually Transmitted Diseases (STDs) that cannot be cured.
True False
3. A woman is more likely to get HIV from an infected man than a man is to get HIV from an infected woman.
True False
4. Besides not having sex at all, condoms are the best protection there is against HIV and other STDs.
True False
5. Infection with an STD can increase the chance that you will also become infected with HIV.
True False
6. Most people who become infected with HIV will almost always feel sick within six months.
True False
7. A Sexually Transmitted Disease (STD) is only dangerous to you if there are symptoms.
True False
8. A person can be infected with HIV for 10 years or more and still feel perfectly fine.
True False
9. If a person gets tested for HIV and the results are negative (no sign of infection), he or she doesn't have to worry about protection.
True False
10. A negative HIV test result means that at the time of the test, the person definitely was not infected with HIV.
True False

ANSWER KEY—Self-Test on STDs and HIV

1. You don't have to worry about getting a Sexually Transmitted Disease (STD) from giving your partner oral sex.

False

Details: Numerous STDs including HIV are transmitted this way. Transmission can occur through tiny cracks in the skin and mouth or through sores. Always use a condom when giving oral sex.

2. There are some Sexually Transmitted Diseases (STDs) that cannot be cured.

True

Details: Herpes, human papillomavirus (HPV), hepatitis B & C, and HIV cannot be cured although the symptoms can be reduced in some cases. For example, medication can shorten the course of Herpes and avoid spreading it to other parts of the body. The virus remains alive in the body, but the drug interferes with its ability to reproduce itself. Warts and cervical problems caused by HPV can be cured, but the virus may stay in your body. HPV can lead to cervical cancer.

3. A woman is more likely to get HIV from an infected man than a man is to get HIV from an infected woman.

True

Details: Studies have shown that a woman is more likely to get HIV from an infected man than a man is to get HIV from an infected woman. It is not totally clear why this is the case, but it appears that HIV is able to enter the cervix (tip of the uterus) more easily than the penis.

4. Besides not having sex at all, condoms are the best protection there is against HIV and other STDs.

True

Details: Condoms are best because they keep the fluid in which HIV exists contained and at the same time they protect the penis from contact with infected vaginal fluid.

5. Infection with an STD can increase the chance that you will also become infected with HIV.

True

Details: Many STDs cause sores or small cracks on the genital. These tiny cracks and sores allow HIV to enter the body more easily.

6. Most people who become infected with HIV will almost always feel sick within six months.

False

Details: Some, but not all, newly infected people exhibit flu-like symptoms. Some people can go up to eight years and sometimes more without showing signs. However, they may be infectious and could transmit HIV while not feeling sick.

7. A Sexually Transmitted Disease (STD) is only dangerous to you if there are symptoms.

False

Details: Many STDs do not cause obvious symptoms, yet these STDs can cause serious illnesses, the inability to have children, and long term disabilities in newborns.

8. A person can be infected with HIV for 10 years or more and still feel perfectly fine.

True

Details: Approximately half of the people who are infected with HIV develop symptoms within eight or nine years. In other people it takes even longer. One of the reasons that HIV is spreading is that people don't realize that they have it. However, they may be infectious and could transmit HIV while not feeling sick.

9. If a person gets tested for HIV and the results are negative (no sign of infection), he or she doesn't have to worry about protection.

False

Details: A negative test means that the person probably wasn't infected at the time, but he or she needs to continue to use protection to prevent infection.

10. A negative HIV test result means that at the time of the test, the person definitely was not infected with HIV.

False

Details: If a person is newly infected, the test may not detect the virus at that time. However, they may be infectious and could transmit HIV to their partner. It may take from three to six months for the virus to show up in a person. Therefore, getting tested again in six months is the wise thing to do. It is important to NOT have unprotected sex while waiting for a follow-up test.

THE MEETING

(Roslyn and Joanne are singing and dancing in the living room.)

Roslyn and Joanne *(singing)*: What you want, baby I got it. What you need, you know I got it. All I'm asking is for a little respect. Just a little—

(Doorbell buzzes.)

JOANNE: Oh, no!

ROSLYN: This is cruel, we were just getting into it!

JOANNE: We were great. Coming! It's time for business.

ROSLYN: I'm gonna make a quick phone call.

JOANNE: Okay.

(Joanne opens the door.)

JOANNE AND LYDIA: Hey!

(Joanne and Lydia hug.)

LYDIA: Sorry I'm late. The subways were taking so long.

JOANNE: That's all right. We were dancing, singing—

(Roslyn is talking on the phone.)

ROSLYN: Don't you think you should go see a doctor? Listen, I know you don't want to, but think of what could happen if you don't. No, I am not trying to scare you, you got that? All right, look, I'll be over as soon as I'm finished here. Bye, baby.

JOANNE: I don't think you two know each other. Roslyn, this is Lydia. Lydia, this is Roslyn.

LYDIA: Joanne, you've lost it.

ROSLYN: Hey.

(Lydia and Roslyn hug.)

LYDIA: Like we don't work together Monday through Friday, 9 to 5?

ROSLYN: Hey, wait a minute. Isn't this Saturday? Why am I seeing you two?

JOANNE: Now, don't start! We all agreed to do this, it's a good cause. I'm planning a raffle. It'll be fun. Think of all the money we'll raise for the kids in the hospital.

LYDIA: The money—

ROSLYN: The kids!

LYDIA: Okay, let's get going.

(All walk over to the counter to get some coffee.)

JOANNE: Come on, I made some coffee.

ROSLYN: Yeah, let's do it, let's do it. I'm in a little bit of a hurry. I have to go see someone after this.

LYDIA: Ohh, she's got a hot date!

JOANNE: That's very mysterious.

ROSLYN: No, it's not mysterious at all. I have to go visit a friend. She's been having some problems, and I'm worried about her.

JOANNE: What are you worried about?

LYDIA: I'll bet it has to do with a guy. She broke up, didn't she?

ROSLYN: No, she's been sick, off and on for a while now. She tells me there's nothing to worry about, but

she's not been getting any better.

JOANNE: Well, maybe she doesn't have anything to worry about.

ROSLYN: I hope not, but she's been with this guy, and they didn't use protection. Now she's been having problems and—

LYDIA: Oh! This has to do with that HIV stuff you do, doesn't it?

ROSLYN: That "HIV stuff" I do just happens to be the women's group I invited you two to join. The group was started so that women can get together to talk about how to protect themselves from all the diseases we might get from S-E-X.

JOANNE: S-E-X, I know what that is!

(All walk over to the table and sit down.)

LYDIA: I was thinking about that just this morning... and lucky for me, so was Jorge!

ROSLYN: And of course, you two used protection, too.

LYDIA: Of course—

JOANNE AND LYDIA: Not!

(Joanne and Lydia high-five each other.)

ROSLYN: Now, come on, this is serious! In the group, we talk about how we need to protect ourselves. I mean, how do you really know about someone?

JOANNE: I could tell in a minute if Don was cheating on me, and I'd know if he was into drugs. You can tell whether to trust someone or not. You just know. And Don isn't the kind of guy who would get anything.

LYDIA: Don is so cute! He was the hit at the Christmas party last year at the office. Remember how Sylvia couldn't keep her hands off of him?

(Joanne goes to the refrigerator to get milk.)

JOANNE: Ugh, that party, I wanna forget it! God, do you know she even called him the next week?

LYDIA: Whoo!

(Joanne walks back to table.)

JOANNE: I had a big fight with him about that.

ROSLYN: I remember that. You were really upset.

LYDIA: Well, he's very attractive—

JOANNE: Hey!

LYDIA: You can't blame her!

JOANNE: Whose side are you on?

LYDIA: Yours, yours!

ROSLYN: Well, then you and Don must have discussed protection.

JOANNE: No, there was no need. I trust him now, he behaves himself. We have a mutual understanding. We are, as they say, faithful.

(Roslyn nods, unsure.)

Anyway, he knows I would kill him if he so much as looked at another woman.

ROSLYN: Oh, oh, the old death threat to keep him faithful. Well, what about you, Lydia? I remember when I asked you about the group, you said you didn't need it—so you must have discussed it.

LYDIA: I don't need any protection with Jorge. We used to use condoms at first, but after a while, we stopped. I picked him out very carefully. He's the right kind of guy. He's a Christian, healthy, and very mature.

JOANNE: That sounds sexy.

ROSLYN: Easy, girl. So you two never talked about protection?

LYDIA: Come on! Protection from what?

ROSLYN: What about his other relationships before you?

LYDIA: Jorge doesn't talk much. I know he went out a lot when he was in school, but if I had something to worry about, he would tell me. He's very romantic. The way he looks into my eyes... I can tell.

ROSLYN: Yeah, but what if he got HIV before he met you?

LYDIA: I don't have to worry about that anymore. That's all in the past. We're engaged now. I can tell he's very healthy. Hey, I am not about to bring it up. I've got a good thing going.

(Lydia sticks out her left hand, shows Joanne her engagement ring.)

JOANNE: Whoo!

LYDIA: Anyway, shouldn't we get to work here?

JOANNE: Yeah, we forgot, this was supposed to be a meeting to plan our raffle.

ROSLYN: You're right, it's my fault for going off about my friend. Let's do it.

JOANNE: Come on, let's go into the other room, we'll be a little more comfortable, we can start to work.

ROSLYN: Okay.

(All walk to the living room. Joanne sits on the couch, Lydia sits on the cushioned bench and Roslyn stands, looking through her bag.)

JOANNE: Lydia, do you have the lists we needed?

LYDIA: Yeah, yeah, I've got them. Wait a minute. I can't stop thinking about your friend. What happened?

JOANNE: Okay, finish the story. I can see we're not gonna get any work done.

ROSLYN: Well, she met this guy and they fell in love. Their families met, they even liked each other. I was in

the wedding and it was beautiful. Everything was wonderful! She was happy.

JOANNE: Sounds good.

LYDIA: And?

ROSLYN: And, about a year later, her sister told her that one of his old girlfriends died... of AIDS. He was into drugs, so was the girlfriend. My friend didn't even ask him about it. She just decided that the girlfriend became infected after he broke up with her, so she didn't do anything about it. I tried to get her to join the group, but she wouldn't.

LYDIA: She should've talked to him.

ROSLYN: It was never the right time. She couldn't bring it up.

JOANNE: Who wants to talk about that?

ROSLYN: No one, it's hard. Maybe, you know, she was embarrassed. Maybe a little afraid of him. Maybe she was afraid she'd spoil what she had.

JOANNE: Aren't you supposed to trust the person you love?

ROSLYN: She did trust him. You never think it's gonna happen to you.

JOANNE: Why didn't he bring it up?

(Roslyn sits on the chair.)

ROSLYN: Maybe he was embarrassed. Maybe he was being macho. Maybe he couldn't bring up the drugs. I mean, after all, he was clean when they married, it was a long time ago. Who knows? They never talked.

LYDIA: So what happened?

ROSLYN: What really happened was they didn't think about the past, and they couldn't talk.

JOANNE: I'm sure it'll be okay.

(Lydia goes over to the couch, sits on the floor in front of it.)

ROSLYN: I hope so. She and I go way back, since we were kids.

LYDIA: Wait a minute. Roz, why did you join the group?

ROSLYN: Well, now you're gonna hear it.

(Roslyn stands up.)

I was with this beautiful man.

(Roslyn takes a pillow from the couch, puts it on the floor and sits on it.)

We were in love. I mean, he was delicious. I was so happy, you can't imagine. Then one day, I discovered he'd given me something.

JOANNE: Oh, no.

LYDIA: You mean—

ROSLYN: Herpes, darlin'! I told myself to never mind, it wasn't worth making such a big thing about.

JOANNE: Roz, how could you?

ROSLYN: It was easy. I was happy! So what? He wandered off once. It wasn't worth losing what I thought I had. I told myself so many stories, I finally believed every one of them.

JOANNE: What happened to get you into the group?

ROSLYN: He continued to have other women. I tried to ignore the signs, I didn't ask any questions, I didn't want anybody to know. My friend Brenda got a hold of me and finally talked some sense into me. Brenda's the one who started the group. She dragged me there.

LYDIA: All right, Brenda!

ROSLYN: I kept telling her I didn't need the group because I was okay. He was just cheating, that's all.

JOANNE: I can just see you at that group. You're tough to convince.

ROSLYN: Not once I got there and heard this woman talk about how she had herpes, stayed with the guy, and now she has HIV.

LYDIA: Whoa! What do you do in the group, anyway?

ROSLYN: We share information. I learned a lot. Let me tell you, I thought I knew it all, but I knew this much.

(Roslyn puts her thumb and forefinger together to show how little she knew.)

We talk about what's going on in our lives.

LYDIA: Isn't it embarrassing?

ROSLYN: Sometimes, at first, but the women are beautiful. We learn to talk about this and how to negotiate using protection with our partners. We support each other and give each other courage to bring it up.

(Joanne looks hesitant.)

LYDIA: Tell us more!

ROSLYN: Okay. But not today. If you wanna know more, you have to come to the group.

(Phone rings. Joanne answers the phone.)

JOANNE: Hello? Yes, she's here.

(Joanne suddenly looks dismayed.)

Okay, I'll tell her.

(Joanne hangs up the phone.)

Roz, your friend collapsed. They've taken her to the hospital. They want you to come.

ROSLYN: I was afraid of this. Look, I better go. You two sit. I can find my way out.

(Roslyn gets up and leaves.)

LYDIA: I think I'm going to join the group. It's not only who Jorge dated, but I dated a lot of guys, too. Maybe if I go, I could find a way for Jorge and me to talk. Maybe we should both go.

JOANNE: I don't think so.

LYDIA: Why not, Joanne? I think we should both go!

JOANNE: It's different with me. I've always done what's right. I've never taken any risks, and I know in my heart that Don is faithful to me.

LYDIA: Since when does anybody's heart ever know what's going on?

JOANNE: You don't get it. I know him. That Christmas party, I was in a bad mood that night, and he disappeared with Sylvia because I was being a bitch.

LYDIA: Think about it. Maybe we've been telling ourselves stories, too. We all need protection, no matter what the situation is. Don't you wanna protect yourself, Joanne?

JOANNE (looking very serious): But Lydia, I am protecting myself.

Giving a Good HIV Prevention Message

- ♦ It's wise to be concerned about getting a sexually transmitted disease or HIV.
- ♦ I'm learning about HIV and STDs and how to reduce my own risk.
- ♦ It's accepted—protecting oneself is the accepted thing to do now.
- ♦ There are many benefits to having protected sex.
- ♦ Tell your friend what protected sex means.
- ♦ Give some facts about why women are at risk for getting a sexually transmitted disease or HIV.
- ♦ Protecting ourselves is about making choices.

Session One Main Points

The main points of this session are:

- In FIO we will learn how to protect ourselves, our partners, our children, and our communities from getting HIV or other STDs.
- Protecting ourselves from HIV and other STDs involves making choices in our relationships with men.
- Many women are vulnerable to HIV and STD infection, and vulnerability comes from our relationships with our partners.
- Sometimes women deny their risk and then don't take precautions to protect themselves.
- We all have personal values which can either help or hurt our ability to protect ourselves.
- We can help other women learn about HIV and their own risk.

Session Two

How Do I Avoid Partners Who Don't Care?

My Partner's Risky Behaviors

Think about either your current partner or your last partner and circle Yes, No or Not Sure for each item. These questions will help you think about how the actions of your partner put you at risk.

1. Has your partner had sex without a condom or dental dam with someone who had an STD?

Yes No Not Sure

2. Has your partner had sex without a condom with someone who was HIV positive or whose status was unknown?

Yes No Not Sure

3. Has your partner been an IV drug user and shared needles?

Yes No Not Sure

4. Has your partner had anal sex without a condom?

Yes No Not Sure

5. Has your partner had an STD?

Yes No Not Sure

6. Has your partner tested positive for HIV?

Yes No Not Sure

7. Has your partner had sex with someone else since you got involved?

Yes No Not Sure

8. Has your partner ever shared sex toys (i.e., dildos) with you?

Yes No Not Sure

9. Has your partner spent time in prison?

Yes No Not Sure

10. If your partner is male, has your partner had sex with other men?

Yes No Not Sure

Factors That May Prevent a Woman From Selecting a Safe Partner:

- ⇒ Failing to find out early enough about the man's attitudes toward women, caring, sexual protection, and respecting partner's needs
- ⇒ Feeling distressed—lonely, depressed, hurt, abandoned by family
- ⇒ Being with a group of people who put pressure on you to act unsafely
- ⇒ Being financially dependent and needing support from a man
- ⇒ Having reduced control due to drug or alcohol use
- ⇒ Being fooled by the partner's "acting nice"
- ⇒ Being afraid to act assertively
- ⇒ Ignoring the fact a potential partner is a "player"

Your Sexual Rights

1. You have the right to your own body
2. You have the right to feel good about sex and have sexual experiences that please you
3. You have the right to your own feelings, opinions, and convictions about sex whether or not they are acceptable to others
4. You have the right to say “no” to sex and the right to say “yes”
5. You have the right to try and change sexual experiences for the better
6. You have the right to protest any treatment or criticism that feels bad to you
7. You have the right to expect that your sexual partner respect your body, thoughts, feelings, and physical/emotional health
8. You have the right not to take responsibility for someone else’s sexual or relationship problems
9. You have the right to be the final judge of how you feel without having to justify yourself
10. You have the right to protect your body
11. You have the right to decide if and when to have kids
12. You have the right to kick him to the curb if he is not good for you



Aisha and Ray

(Aisha and Ray are “making out” on the couch. They stand up and start slow-dancing. There is no music playing)

Ray: Mmm, come on. Yeah, ooh, you look good. Hey, baby... You on the pill?

Aisha: Of course I'm on the pill.

Ray: Oh, good girl. You know, I don't use rubbers myself. They interfere with the flow of love. You know, I want everything to be natural between us.

(Ray grinds his hips into Aisha)

Aisha: Wait a minute, Ray. Aren't you afraid of getting HIV?

Ray: Honey, now if I thought you could give me HIV, I would've sent you home a long time ago.

(Aisha laughs)

Aisha: Okay.

Ray: Don't worry, baby. Listen, I take good care of myself. Now, look around you.

(Ray and Aisha glance admiringly at his nice living room)

Now, do I live like the kind of guy who would take chances?

Aisha: No, you don't.

Ray: All right then.

(Aisha and Ray start to leave the room)

Guidelines for Checking Out a Potential Sexual Partner

Where?

In a comfortable place where sexual contact will not occur.

When?

Before you are engaged in any sexual contact. Don't wait until you are in bed.

How?

When you are with your partner, observe his behavior.

Also explore his attitudes toward:

- Women (*Are they respected and treated equally?*)
- The HIV/AIDS crisis (*Is he concerned?*)
- Getting tested for STDs and HIV (*Is he willing?*)
- Using a condom or dental dam (*Will he do it?*)
- Responsibility for safer sex (*Is it shared?*)
- Protecting you (*Does he care?*)

Remember:

Feel good about yourself.

You have the right to find out.

Role-Play Cards

Role Card:

Woman

Think of a name for the man and yourself and tell him.

Tell the person playing the man how long you have known each other and where this scene is taking place.

Remember to see how he treats women, his attitudes toward the HIV/AIDS crisis, relationships, his thoughts about caring for someone, his approach to safer sex and HIV/STDs.

You want to find out if he will care enough about you to work on protecting both of you from infection.

Play a confident, determined, perceptive woman.

Role Card:

Man

Play the man as you think a typical man would react.

Use your own experience with men.

However, don't make the man a terrible person.





Session Two Main Points





The main points of the session are:





- We need to know about our partner's past risky behaviors
- We can identify the characteristics of partners in the past who didn't care about our needs
- There are many factors that may lead us to get involved with a partner who won't practice safer sex
- We have sexual rights in our relationships
- Gender stereotypes can keep us from acting on our sexual rights
- We can select partners who will work with us to protect us both

Session Three

What Is The Best Way to Protect Myself?

Methods	Effectiveness for Preventing Pregnancy and Disease (assuming it is used always and correctly)	Costs	Comments
CONDOMS			
Male Condom 	Good for both pregnancy and disease prevention.	\$0.50 per condom	Requires partner cooperation. May interrupt sex. Polyurethane condom is available (but more expensive) for those with latex allergy.
Female Condom 	Good for both pregnancy and disease prevention.	\$3.00 per condom	Requires partner willingness to have sex with it. Is visible outside the vagina. May enhance sexual pleasure of woman and man.
OTHER BARRIERS			
Diaphragm 	<p>Good for prevention of pregnancy if used with N-9 spermicide. N-9 does NOT protect against HIV and other STDs and may increase the risk of HIV infection.</p> <p>One study showed it does not provide greater protection against HIV than male condoms, but other research is underway.</p>	\$0.50 - \$1.50 per use for spermicide	Requires no partner cooperation. Must be removed after 10-12 hours. Must be fitted by a health care provider and needs to be refitted after pregnancy or weight change. Requires initial outlay of \$50 - \$150.
Sponge (contains N-9) 	<p>Fair for prevention of pregnancy among women who have not had a child and poor for those who have had a child.</p> <p>Does NOT protect against HIV and other STDs and MAY INCREASE THE RISK OF HIV INFECTION.</p>	\$5.00 per use	Requires no partner cooperation. Requires 15 minutes' waiting time. Must be applied within 1 hour of intercourse. Available over the counter.

Methods	Effectiveness for Preventing Pregnancy and Disease (assuming it is used always and correctly)	Costs	Comments
Spermicides (foam, cream/gels, suppository tablets) (contain N-9) 	Fair to poor for prevention of pregnancy. Does NOT protect against HIV and other STDs and MAY INCREASE THE RISK OF HIV INFECTION.	\$0.50 - \$1.50 per use	Requires no partner cooperation. Some require applicator or waiting time. Must be applied within 1 hour of intercourse. Available over the counter.
Note: The use of spermicide (N-9) is not recommended for women who need to use it daily or have other STDs, as it may increase the risk of HIV infection and provides no protection against other STDs.			
HORMONAL			
The Pill 	No protection against disease. Excellent for preventing pregnancy.	\$15 - \$50 per month	Requires no partner cooperation. Needs to be taken every day.
Ring (Nuva Ring) 	No protection against disease. Excellent for preventing pregnancy.	\$30 - \$50 per month	Requires no partner cooperation. Inserted in the vagina once a month.
Depo Provera 	No protection against disease. Excellent for preventing pregnancy.	~\$60 per injection	Requires no partner cooperation. Injection is needed every 3 months.

Methods	Effectiveness for Preventing Pregnancy and Disease (assuming it is used always and correctly)	Costs	Comments
Patch (Ortho Evra) 	No protection against disease. Excellent for preventing pregnancy.	\$15-50 per month	Requires no partner cooperation. Patch is applied to skin every week for 3 weeks in a month.
Emergency Contraception (EC, Plan B, Morning after pill) 	No protection against disease. Good for preventing pregnancy. EC is a good pregnancy prevention back-up for those using the male or female condom in the case of slippage or breakage.	\$8-\$35 per use	Requires no partner cooperation. Is a high dose of birth control pill that prevents pregnancy. NOTE: EC is <u>not</u> the same as the abortion pill. EC delays ovulation, which prevents a pregnancy. It does not cause the abortion of an implanted egg.
Implanon 	No protection against disease. Excellent for preventing pregnancy. Once inserted, lasts for up to 3 years.	\$400-800 to insert and \$75-150 to remove.	Requires no partner cooperation.
OTHER			
IUD 	No protection against disease. Excellent for preventing pregnancy.	~\$250 per insertion	Requires no partner cooperation. Raises risk of pelvic inflammatory disease (PID) with insertion.

Methods	Effectiveness for Preventing Pregnancy and Disease (assuming it is used always and correctly)	Costs	Comments
Early Withdrawal (pulling out)	Some effectiveness for preventing pregnancy. It does NOT provide protection against HIV or many STDs, including herpes, syphilis, and HPV.	None	Depends completely on partner cooperation and cannot be counted on. There is a risk of pregnancy or HIV infection from pre-ejaculate, which may leak out before ejaculation.
Post Exposure Prophylaxis (PEP)	<p>No protection against pregnancy.</p> <p>PEP may be effective in preventing HIV in a person who has been exposed through unprotected sex to someone known to be HIV+.</p> <p>PEP is a high dose of HAART (anti-HIV drugs), given for 28 days. Treatment must be started within 72 hours (3 days) of exposure to be effective.</p>	<p>~ \$600</p> <p>May be covered by insurance</p>	<p>Needs to be obtained through a hospital emergency room or other center where PEP is available.</p> <p>Some cities or states have hotlines.</p>

Sources:

http://kidshealth.org/teen/sexual_health/contraception

<http://www.plannedparenthood.org/health-topics/birth-control/birth-control-implant-implanon-4243.htm>

<http://www.thebody.com/content/art2632.html>

Guidelines for Using a Male Condom

Putting on a Male Condom

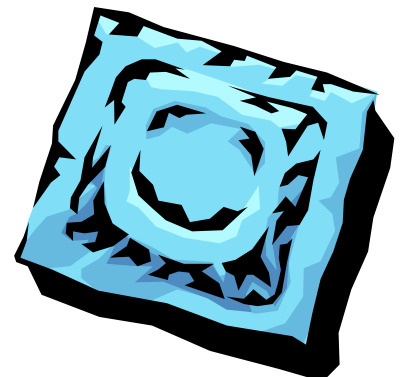
1. Make sure it is latex or polyurethane, because lambskin condoms let HIV through and will not protect you.
2. Check the expiration date on the package or box. If the expiration date has passed, do not use the condom.
3. Open the package carefully so as not to tear the condom.
4. Make sure the condom has a reservoir tip at the end of the condom to catch the semen after ejaculation.
5. You can put a drop of water-based lubricant inside the tip of the condom if condom is not lubricated, to make it easier to go on.
6. Roll down 1/2 inch of condom.
7. Put the condom against the head of the hard penis.
8. Squeeze any air out of the condom, leaving room for cum at the tip.
9. Roll the condom all the way down to the base of the penis.
10. Gently smooth out any extra air.

Having Sex With a Male Condom

1. A condom should be on the man's penis when he first enters the vagina, anus, or mouth. It is much less effective if a man only puts it on right before he cums.
2. If the condom feels dry going in, add more lubricant.
3. If the condom slips off the man's penis before he cums, apply a new condom. Don't reapply the old one.

Removing a Male Condom

1. After ejaculation, the man should pull out gently while the penis is still hard. Although some condoms have an elastic band to hold it in place, some don't. Condoms are less likely to come off if you or he holds it at the base of the penis while he's pulling out.
2. Starting at the base, slide the condom off carefully so the cum doesn't spill.
3. Tie a knot in the condom so the fluid will not spill out.
4. Throw the condom away (in the trash, not the toilet).
5. Never use a condom twice.



Dos and Don'ts for Male Condoms

DO

- Use only latex or polyurethane condoms.
- Use condoms consistently for vaginal, anal and oral sex on a man.
- Use only with water-based lubricant such as K-Y Jelly.
- For anal sex, make sure there is plenty of lubricant on the condom. This reduces the risk of the condom breaking or tearing during anal sex.
- Check out the condom packet for punctures, holes or tears.
- Check the expiration date on the package. If date has expired, do not use.
- Carefully open package so as not to damage the condom—do not use your teeth.
- Put condom on hard penis before penis even touches anus, vagina or mouth.
- Pull back foreskin if penis is uncircumcised.
- Store condoms at room temperature, not in your wallet or car.

DON'T

- Don't use Vaseline or other oil-based lubricants.
- Don't use a condom more than once.
- Don't puncture the condom.
- Don't use lambskin condoms.
- Don't have sex without a condom.
- Do not use condoms with nonoxynol-9 spermicide—it may increase the risk of HIV infection.

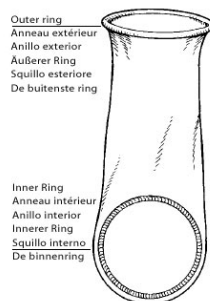
Session Three: Exercise 4 (in Participant Workbook)

GUIDELINES FOR USING A FEMALE CONDOM

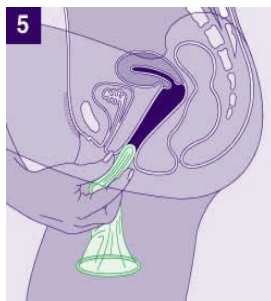
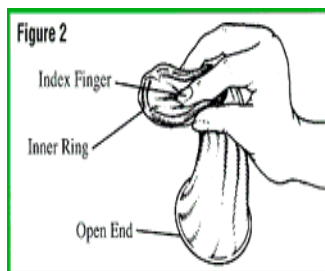
Preparing for Use



Insertion Position



How to Insert the Female Condom



Instructions for Inserting the Female Condom (FC)

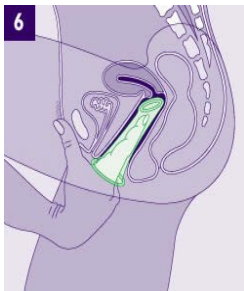
- Start with one female condom package and a small bottle of lubricant.
- As with the male condom, it is important to check the expiration date prior to opening the FC.
- Locate the notch on the top of the package and tear in a smooth downward direction to open the packet.
- Remove the female condom and straighten it out.
- Rub the sides of the female condom together to spread the lubricant inside the condom from bottom to top.
- Choose a comfortable position for inserting the female condom.

Many women find inserting the female condom to be similar to inserting a tampon or a diaphragm and use the same position for insertion of the FC. Other insertion positions/techniques include:

- Standing with knees apart and squatting down.
- Sitting on the edge of a chair with knees apart.
- Lying on one's back with knees bent.
- Standing and placing one foot on a chair.

Insertion of the FC, while not difficult, requires some practice in order to ensure proper comfort and protection. The following steps provide a useful guide for insertion:

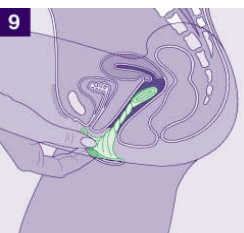
- Hold the condom with the open end hanging down. Grasp the inner ring between your thumb and middle finger. Put your index finger between your thumb and middle finger. Squeeze your fingers together—and keep squeezing.
- With the other hand, spread the lips at the opening of the vagina. Push the squeezed part of the female condom (the inner ring) into the vagina.



Use during Sex



How to Remove the Female Condom



Remember



- You do not have to push far at first. Once the condom is inside your vagina, put your index finger **inside** the condom and push the inner ring up as far as it will go. Make sure the sheath is not twisted and that the outer ring remains outside of the vagina.
- When the FC is in place the inner ring will sit comfortably over the cervix and above the pubic bone, which holds the condom in place.

Once you are ready to have sex:

- Add a few drops of lubricant to the partner's penis or inside the condom. This is important because if there is not enough lubricant, the condom may be pushed inside the vagina or stick to the penis during sex or on withdrawal.
- Gently hold the outer ring of the condom against your body.
- Guide the penis into the opening of the FC.

The FC does not need to be removed immediately after ejaculation, but remove the condom before you stand up and follow these steps:

- Squeeze and twist the outer ring to keep semen inside the condom.
- Gently pull out the condom.
- Throw the condom in the garbage and not the toilet.
- Wash hands with soap and water.

TIPS FOR USING THE FEMALE CONDOM (FC)

- To get more comfortable using the FC, practice inserting it by yourself. It is usually awkward at first, but stay with it—most users say that by the third time—it works like a charm. You can teach your partner how to insert it and make it part of your lovemaking.
- The FC can be put on ahead of time and not in front of your partner if you wish.
- Use a new condom every time you have sex, never use a condom twice.
- Do not remove the condom's inner ring. If the outer ring gets pushed into the vagina during sex, stop and insert a new condom.
- Do not use a male condom and a female condom at the same time.
- Use more lubricant if needed. Most people find that a few drops added before and sometimes during sex (if it's long and vigorous) eliminates noise and the condom sticking to the penis.
- **The female condom is NOT recommended** for anal sex. However, some heterosexual couples do use it for anal sex, usually without the inner ring. Current research does not show if it is effective, or how effective it is. However, common sense suggests it may be better than nothing. We DO know that a male condom protects a woman from infection during anal sex.

Session Three Main Points

The main points of this session are:

- We have many choices for how to protect ourselves from HIV and other STDs.
- There are lots of methods for preventing pregnancy, but only male and female condoms also protect us from HIV and other STDs.
- We need to know how to properly put on a male condom because our partners might not.
- Using a female condom is an option for women which provides us more control.
- We practiced putting on a male condom and inserting a female condom and we practiced helping other women find solutions to these issues

Session Four

How Can I Find Out If We Are Infected?

HIV/STD Information Card Summary

CHLAMYDIA

What harm can it do to you?

Pelvic Inflammatory disease, infertility, chronic pelvic pain, permanent damage to fallopian tubes/uterus, inflamed rectum, inflamed eyes, and more vulnerable to HIV.

What harm can it do your baby?

If exposed, the newborn baby can get eye infections and pneumonia. It can also cause the baby to be born before it is ready (premature delivery).

What are the early warning signs?

None or very mild. May have vaginal discharge or pain peeing. 75 percent of women and 50 percent of men experience no symptoms.

Is it curable?

Yes, with antibiotics.

GENITAL HERPES

What harm can it do to you?

Can keep happening again and again. It causes damaged tissue (lesions). Makes you more easily infected with HIV. Nearly one out of four women are infected.

What harm can it do to your baby?

Can be passed to the baby, depending on the stage in the mother. Can lead to the baby being born before it is ready (premature delivery). Could cause a potentially life-threatening infection in babies.

What are the early warning signs?

Some early signs such as itching, burning sensations, pain in legs and buttocks, vaginal discharge, sores, painful blisters, flu-like symptoms, fever, swollen glands and abdominal pressure. Most people have no symptoms. The first outbreak is usually two weeks after exposure.

Is it curable?

No, but anti-viral medications can reduce symptoms.

GONORRHEA

What harm can it do to you?

Can spread and result in pelvic inflammatory disease (PID). Can lead to a woman not being able to get pregnant (infertility) or a dangerous pregnancy outside of the womb (ectopic pregnancy). It makes you more easily infected with HIV. If untreated, can damage the heart valves, joints, and brain.

What harm can it do to your baby?

Can be passed to the newborn who will be vulnerable to the same diseases. It can also cause blindness and joint or blood infection.

What are the early warning signs?

Many have none or they are so mild you can't tell. Could experience burning during peeing and abnormal vaginal discharge or bleeding.

Is it curable?

Yes, with antibiotics.

HEPATITIS B

What harm can it do to you?

Damage your liver by either making the tissue die (cirrhosis) or causing long-term liver destruction (chronic liver disease). Weakens your body's ability to fight infections (the immune system) and leads to immune system disorders. Makes you more easily infected with HIV.

What harm can it do to your baby?

Can be passed to baby during pregnancy.

What are the early warning signs?

No obvious signs. Persons may experience fever, headache, tiredness, itching, yellowing of the eyes (jaundice), dark pee, joint pain, grey colored stool (feces), and loss of appetite.

Is it curable?

No, but anti-viral treatment is available for chronic infections. Also vaccination is available to prevent infection.

HEPATITIS C**What harm can it do to you?**

Damage your liver by either making the tissue die (cirrhosis) or causing long-term liver destruction (chronic liver disease). Weakens your body's ability to fight infections (the immune system) and leads to immune system disorders. Makes you more easily infected with HIV.

What harm can it do to your baby?

Can be passed to baby during pregnancy.

What are the early warning signs?

Most people have no symptoms. Symptoms can appear years after the infection. Persons may experience tiredness, feeling sick to their stomach (nausea), fever, dark pee, and yellowing of the eyes (jaundice), pain in the right side as the disease progresses.

Is it curable?

No, but treatment is available.

HIV**What harm can it do to you?**

Weakens your body's ability to fight infections (the immune system) and makes you more likely to get sick from infections that your body would normally be able to fight off (opportunistic infections). Can kill you without treatment.

What harm can it do to your baby?

Baby may become infected with the HIV.

What are the early warning signs?

Very early infection: fever, rash, swollen glands, and headaches (could be severe). Later no symptoms until the disease is very advanced, at which time the person becomes weak, loses weight, and is more likely to get sick from infections that their body would normally be able to fight off (opportunistic infections).

Is it curable?

No, but treatment is available to help you live a longer and better life.

SYPHILIS

What harm can it do to you?

It can cause heart problems, mental disorders, blindness and increase the risk of getting HIV. It can also kill you.

What harm can it do to your baby?

Can be passed to newborns and can cause serious physical and mental problems; can cause your baby to be born dead.

What are the early warning signs?

Signs include very mild symptoms such as sores and rashes.

Is it curable?

Yes, in the early stages.

TRICHOMONIASIS

What harm can it do to you?

Increases the risk of HIV.

What harm can it do to your baby?

It can result in your baby being born before it's ready (premature) or too small (low birth-weight).

What are the early warning signs?

Often no symptoms. Symptoms can appear years after the infection. When symptoms occur, they are a yellow-green vaginal discharge, pain when peeing, pain when having sex, and a bad smell from your vagina.

Is it curable?

Yes.

HUMAN PAPILLOMAVIRUS (HPV)**What harm can it do to you?**

It can lead to cervical, anal and genital cancer and to genital warts. Makes a person more easily infected with HIV.

What harm can it do to your baby?

It can cause warts in the throat of an infant from which they can die.

What are the early warning signs?

Most people have no symptoms that they can see. Some types of HPV can cause warts with various characteristics (small or large, flat or raised, single or multiple). Some types of HPV can cause changes to your cervix (the opening of your uterus) that can cause cancer.

Is it curable?

No, but there is treatment for warts and changes to your cervix. There is also a shot (vaccine) for young women that protects against the most dangerous strains of HPV.

STD/HIV Testing Fact Sheet

Why get tested?

- o You can't tell if someone is infected with an STD or HIV by looking.
- o You can be infected with an STD and HIV and show no outward signs.
- o STD and HIV infections can be passed to your unborn child in the uterus or during birth.
- o Some STDs can be treated and cured. HIV, Hepatitis B and C, HPV, and herpes cannot be cured but can be treated and managed.
- o The sooner you find out if you are infected, the sooner you can begin treatment.



Facts about testing:

- o STD testing is fast and accurate.
- o If HIV testing shows you do not have the virus, get tested again in three months because it may have been too early for HIV to show up on the test if you were recently infected.
- o If HIV testing shows you are infected, the test results are probably accurate.
- o HIV and STD testing tell you about the past only—not the present or the future.
- o HIV testing is not a prevention strategy. Just because you were HIV-negative in the past, does not mean you will stay that way in the future. Only protecting yourself with male or female condoms can ensure that.

HIV Testing: Options and Information

HIV Testing: Options

There are several options for how the HIV test can be done:

Rapid HIV Antibody Test

- Names: Also known as "Oraquick," "Clearview," and "Bio-STAT."
- Wait Time: Gives results while you wait.
- Sample Type: Small finger stick sample of blood or oral swab.
- Comments: If the test shows the presence of HIV antibodies, then the result must be verified with a confirmatory test called the "Western Blot."

Standard Blood Test

- Wait Time: It may take up to two weeks to get test results.
- Sample Type: It involves taking a sample of blood, usually from the arm.
- Comments: This was the first HIV test that was developed and made available. It is the most widely used.

Oral Mucosal Transudate Test

- Names: Often referred to as an "oral test" or "Orasure test."
- Wait Time: It takes two weeks to get test results.
- Sample Type: A small pad is placed in the person's mouth between the lower cheek and gum for a few minutes. The pad collects oral tissue that will contain HIV antibodies if a person is infected with HIV.

At least two different types of laboratory tests are conducted before a positive test result is given. Combined, the two tests are accurate about 99.5 percent of the time.

Not everyone who is infected will test HIV positive. It takes up to three months after getting infected with HIV for a person's body to start producing HIV antibodies. About 5 percent of people take longer than two months to produce antibodies. During this "window period," an HIV-infected person can transmit the virus to others even though his or her HIV antibody test may be negative. So, to be sure that you and your partner do not have HIV, you both need to get tested, practice safer sex for three months, have NO outside sex, and get re-tested three months later.

ANONYMOUS VERSUS CONFIDENTIAL TESTING

Anonymous Testing

- You will not be asked for your name at any time during the counseling and testing experience.
- A “Unique Testing Code” will be used to identify you as an individual without using your name to identify your test results.
- You will not receive anything in writing about your test result.
- Some places may ask you if you would like to convert to confidential if you test HIV+ because it will help to link you to appropriate medical care.

Confidential Testing

- You give your name, your social security number and your date of birth.
- In many states, names of people who test HIV-positive are sent to the state health department, where it is kept under the strictest security. The state health department then turns this information into a non-name code that is sent to the Centers for Disease Control and Prevention (CDC). This process enables the CDC and the health department to know how many people living in each county and state have HIV, ensuring that they properly fund services in each area.
- Information will NOT be disclosed to other government or private agencies like the Immigration and Naturalization Services (INS), welfare, insurance companies, employers, schools, families or landlords.
- One particularly useful aspect of confidential testing is that you can get your results in writing. If you test HIV-positive, a written result enables you to access medical and other support services. Having your results in writing may also be helpful if you want to show partners when disclosing your HIV status.

If you are concerned about giving your name, you may test anonymously first if it is available in your area, and then re-test “confidentially” if you receive an HIV-positive result.

Where to Get Tested

Options include:

- Health departments
- Doctors’ offices
- Community-based organizations offering HIV testing

Please refer to your resource list for more information on where to go.

Partner Notification

Many states also have partner notification laws. These laws require doctors to talk with their HIV-positive patients about who they may have infected through sex or needle sharing. If an HIV infected person tells a counselor or case manager at a social service agency that they are HIV-positive, the counselor does NOT have to report that information to the health department.

HIV positive persons are not legally obligated to reveal names of people they have had sex or shared needles with. Individuals cannot be punished if they choose not to disclose the names of their partners to a doctor or public health worker. However, it is important for all HIV infected individuals to consider that the right thing to do is to let the doctor or public health worker know if others may have been exposed to HIV so they could be notified of their possible exposure, be tested and receive HIV treatment as needed. If an HIV-positive patient does discuss her partners with a doctor or a public health worker, the law says that when those partners are told they might be infected they are NOT given the name of the HIV-positive patient who identified them.

STD Testing

STD testing is available from health departments, Planned Parenthood, and many other community health care sites at no- or low-charge.

In some places, you do have to ask for STD testing. Women should not assume that if they get a gynecological exam, they will automatically get tested for all STDs.

STD Fact Sheet

Information obtained from <http://www.cdc.gov/std> and <http://www.cdc.gov/hiv>

STD	Chlamydia
Description, Ways it is Spread	<p>Caused by the bacterium, <i>Chlamydia Trachomatis</i>. The cervix (opening to the uterus) is the first site of infection, but it can spread to fallopian tubes (egg canals).</p> <p>Condoms provide good protection when used consistently and correctly.</p> <p>Can be transmitted during vaginal, anal, or oral sex.</p> <p>Can be passed from mother to child during delivery.</p> <p>The most frequently reported bacterial STD in the US. Many cases go undetected.</p>
Symptoms	<p>About $\frac{3}{4}$ of infected women and about $\frac{1}{2}$ of infected men have no symptoms.</p> <p>If symptoms do occur, they usually appear within one to three weeks after exposure.</p> <p>In women: An abnormal vaginal discharge or a burning sensation when urinating.</p> <p>If the infection spreads to the fallopian tubes, some women have lower abdominal or back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods.</p> <p>In men: Discharge from the penis, burning and itching around the penis opening.</p>
What Harm It Can Do to You	<p>Left untreated, chlamydia can cause permanent damage, including pelvic inflammatory disease (PID) and infertility. These can occur "silently" before a woman ever recognizes a problem.</p> <p>Having chlamydia increases the risk of contracting HIV, if you are exposed to HIV.</p>
What Harm It Can Do to Your Baby	<p>Chlamydia can be passed from an infected mother to her baby during vaginal childbirth.</p> <p>Chlamydia can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy (when a fertilized egg grows in a fallopian tube).</p> <p>Chlamydial infection may lead to premature delivery of the baby.</p> <p>Babies who are born to infected mothers can get chlamydial infections in their eyes and respiratory tracts.</p> <p>Chlamydia is a leading cause of early infant pneumonia and conjunctivitis (pink eye) in newborns.</p>
How it is Diagnosed	<p>There are laboratory tests to diagnose chlamydia. Some can be performed on urine, other tests require that a specimen be collected from the penis or cervix.</p>
Treatment/Prevention	<p>Chlamydia can be easily treated and cured with antibiotics.</p> <p>All sex partners should be evaluated, tested, and treated and persons with chlamydia should abstain from sexual intercourse until they and their sex partners have completed treatment to avoid re-infection.</p>

STD	Gonorrhea
Description, Ways it is Spread	<p>Caused by <i>Neisseria gonorrhoeae</i>, a bacterium that can multiply in the cervix, uterus, and fallopian tubes, and in the urethra (urine canal) in women and men.</p> <p>The bacterium can also grow in the mouth, throat, eyes, and anus.</p> <p>Spread through contact with the penis, vagina, mouth, or anus. Ejaculation does not have to occur for gonorrhea to be transmitted.</p> <p>Condoms used consistently and correctly provide good protection.</p> <p>Can also be spread from mother to infant during delivery.</p>
Symptoms	<p>Women: Most have no symptoms. Even when present, symptoms can be mild and mistaken for a bladder or vaginal infection.</p> <p>Initial symptoms include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods.</p> <p>Men: Some have no symptoms. Some have symptoms that appear two to five days (but possibly as long as 30 days) after infection.</p> <p>Symptoms include a burning sensation when urinating, or a white, yellow, or green discharge from the penis. Sometimes men with gonorrhea get painful or swollen testicles.</p> <p>Symptoms of rectal infection may include discharge, anal itching, soreness, bleeding, or painful bowel movements.</p> <p>Infections in the throat may cause a sore throat but usually causes no symptoms.</p>
What Harm It Can Do to You	<p>In women: Is a common cause of pelvic inflammatory disease (PID). PID can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy (when a fertilized egg grows in a fallopian tube).</p> <p>In men: Gonorrhea can cause epididymitis, an infection of the ducts attached to the testicles. May lead to infertility if left untreated.</p> <p>Gonorrhea can spread to the blood or joints.</p> <p>People with gonorrhea can more easily contract HIV and HIV-infected people with gonorrhea can transmit HIV more easily to someone else than if they do not have gonorrhea.</p>
What Harm It Can Do to Your Baby	Can be transmitted by a woman to her baby during delivery. Can cause blindness, joint infection, or a life-threatening blood infection in the baby
How it is Diagnosed	Can be diagnosed by several different laboratory tests. Some can be performed on urine; other tests require that a specimen be collected from the penis or cervix.
Treatment/Prevention	<p>Can be cured with antibiotics. Drug resistant strains are increasing in many areas. This is making successful treatment more difficult. Although medication will stop the infection, it will not repair any permanent damage already caused.</p> <p>All sex partners should be evaluated, tested, and treated and persons with gonorrhea should abstain from sexual intercourse until they and their sex partners have completed treatment to avoid re-infection.</p>

STD	Hepatitis B and Hepatitis C
Description, Ways it is Spread	<p>A serious liver disease caused by a B virus (HBV) or C virus (HCV).</p> <p>Spread by having unprotected anal, vaginal and oral sex with an infected person or by exposure to infected blood from needle sticks, injection drug use, or cuts in the mouth of an infected person.</p> <p>Also spread from an infected mother to her infant during birth.</p> <p>A vaccine is available that protects against HBV, but there is no vaccine for HCV.</p>
Symptoms	<p>Often a person with HBV or HCV infection has no symptoms at all. A person might be infected and be spreading the virus and not know it.</p> <p>Symptoms can include yellow skin or yellowing of the whites of the eyes (jaundice); tiredness; loss of appetite; nausea; abdominal discomfort; dark urine; grey-colored bowel movements; or joint pain.</p>
What Harm It Can Do to You	Can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.
What Harm It Can Do to Your Baby	Can be transmitted from mother to baby during birth.
How it is Diagnosed	Both types of hepatitis are diagnosed through a blood test.
Treatment/Prevention	<p>There are no medications for recently acquired (acute) HBV and HCV infection.</p> <p>There are antiviral drugs available for the treatment of chronic infection, but they do not cure the disease.</p>

STD	Human Immunodeficiency Virus (HIV)
Description, Ways it is Spread	<p>Spread through having unprotected vaginal, anal or oral sex, and through sharing needles and syringe or other injection equipment with an infected person.</p> <p>Condoms used consistently and correctly provide good protection from getting HIV sexually. Using new, sterile syringes and not sharing others injection equipment provides good protection from getting HIV through injection drug use.</p> <p>Also can be transmitted from pregnant woman to her infant during pregnancy, delivery or breastfeeding.</p>
Symptoms	<p>Three to six weeks after infection people may have flu-like symptoms, including fever and chills and swollen lymph nodes. If early infection is suspected, a person should get an HIV test that can detect early infection. At this stage, persons are very infectious and can easily pass the disease to sex partners.</p> <p>After this stage, there may be no symptoms for many years, although the virus can still be passed to others.</p>
What Harm It Can Do to You	AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections.
What Harm It Can Do to Your Baby	HIV can be transmitted from a pregnant woman to her infant during pregnancy or delivery. Effective treatments are available to reduce the chances that an HIV+ woman passes the disease to her infant. All infants of HIV+ women will test positive at birth because they have the mother's antibodies to HIV in their systems. However, uninfected babies will clear the antibody.
How it is Diagnosed	By a test for the antibodies to the virus in blood or saliva.
Treatment/Prevention	There is no cure for HIV, but drugs are available to reduce the amount of HIV (or viral load) in the body, reduce symptoms and the risk of getting an HIV-related illness, and extend life.

STD	Herpes
Description, Ways it is Spread	<p>Genital herpes is caused by the herpes simplex viruses type 1 (HSV-1) and type 2 (HSV-2). Most genital herpes is caused by HSV-2. HSV-1 can cause genital herpes, but it more commonly causes infections of the mouth and lips, so-called “fever blisters.”</p> <p>Spread through having unprotected vaginal, anal, or oral sex with an infected person.</p> <p>Herpes can be spread from an infected partner who does not have a visible sore and may not know that he or she is infected.</p> <p>Condoms used consistently and correctly can reduce the risk of herpes, but may not provide complete protection against Herpes, because they may not cover the affected area.</p>
Symptoms	<p>Most people infected with HSV-2 are not aware of their infection or they may have very mild symptoms that they mistake for insect bites or another skin condition.</p> <p>Symptoms include blisters on or around the genitals or rectum that appear within 2 weeks after exposure. The blisters break, leaving tender ulcers (sores) that may take two to four weeks to heal the first time they occur.</p> <p>Other symptoms during the first attack may include fever and swollen glands.</p> <p>Often, another outbreak can occur weeks or months after the first, but it almost always is less severe and shorter than the first outbreak.</p>
What Harm It Can Do to You	<p>Genital herpes can cause painful genital sores that recur, and can be severe in people with suppressed immune systems.</p> <p>Genital herpes frequently causes psychological distress in people who know they are infected.</p> <p>Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more likely to transmit HIV to others.</p>
What Harm It Can Do to Your Baby	<p>Herpes can cause potentially fatal infections in babies.</p> <p>Fortunately, infection of a baby from a woman with herpes is rare.</p> <p>If a woman is first infected with herpes during pregnancy there is a greater risk of passing it to the baby than if she was infected earlier.</p> <p>If a woman has active genital herpes at delivery, a cesarean delivery is usually performed.</p>
How it is Diagnosed	<p>Herpes can be diagnosed by lab tests on a sample taken from the sores.</p> <p>Blood tests may be helpful, although the results are not always clear-cut.</p>
Treatment/Prevention	<p>There is no treatment that can cure herpes.</p> <p>Antiviral medications can shorten and prevent outbreaks.</p> <p>During an outbreak, a person can take medication to reduce the risk of passing the infection to partners.</p>

STD	Human Papilloma Virus (HPV)
Description, Ways it is Spread	<p>Genital HPV infection is caused by the human papilloma virus (HPV). HPV is spread by having vaginal, anal, and oral sex with an infected person.</p> <p>There are many different strains or types of HPV. Some types can cause cervical cancer in women and can also cause anal cancer in both men and women. Other types of HPV can cause genital warts in both males and females.</p> <p>At least 50 percent of sexually active men and women get HPV infection at some point in their lives. Most people do not have any symptoms and clear the infection on their own.</p> <p>Condoms may lower the risk of infection is used consistently and correctly when having sex, but may not provide complete protection against HPV, because they may not cover the affected area.</p> <p>Regular pap smears can identify any changes in the cervix caused by HPV.</p> <p>The vaccine, Gardasil®, prevents cervical cancer and genital warts due to HPV. It protects against the four types of HPV that most commonly cause these diseases.</p> <p>The vaccine is licensed by the FDA for girls and women ages 9 through 26 years. It provides protection if a woman is not already infected with one of these viruses.</p>
Symptoms	<p>The virus lives in the skin or mucous membranes and usually causes no symptoms. Some people get visible genital warts, or have pre-cancerous changes in the cervix, vulva, anus, or penis.</p> <p>After sexual contact with an infected person, warts may appear within weeks or months, or not at all.</p> <p>Most infected persons are unaware they are infected, yet they can transmit the virus to a sex partner.</p>
What Harm It Can Do to You	<p>In many people, HPV goes away on its own and does not cause health problems.</p> <p>Some of these viruses are called "high-risk" types, and may cause abnormal Pap tests. They may also lead to cancer of the cervix, vulva, vagina, anus, or penis.</p> <p>Others are called "low-risk" types, and they may cause mild Pap test abnormalities or genital warts. Genital warts are single or multiple growths or bumps that appear in the genital area, and sometimes are cauliflower shaped.</p>
What Harm It Can Do to Your Baby	Not known to be transmitted to infants during pregnancy or delivery.
How it is Diagnosed	<p>Genital warts are diagnosed by visual inspection.</p> <p>HPV is usually diagnosed from an abnormal Pap test.</p> <p>There also is a specific test to detect HPV DNA.</p>
Treatment/Prevention	<p>The human papilloma virus itself is never treated, but its effects are. Medical providers treat warts by freezing, burning, or cutting them off or by prescribing creams that are self-applied.</p> <p>The most common treatments for abnormal Pap smears are cryotherapy (freezing of abnormal cells) or LEEP (the cutting away of the abnormal cells).</p> <p>It is difficult to predict when HPV is no longer contagious. Experts disagree on whether the virus is eliminated from the body or whether it is reduced to undetectable levels.</p>

STD	Syphilis
Description, Ways it is Spread	<p>Caused by the bacterium <i>Treponema pallidum</i>.</p> <p>Syphilis is passed from person to person through direct contact with a syphilis sore during vaginal, anal, or oral sex.</p> <p>Condoms do not provide complete protection against syphilis, because a condom may not cover the affected area.</p> <p>Many people are not aware of these sores, but they can still transmit the infection.</p> <p>Pregnant women with the disease can pass it to their infants.</p>
Symptoms	<p>Many people infected with syphilis do not have any symptoms for years.</p> <p>In the primary Stage of syphilis there is usually a single sore (called a chancre), but there may be multiple sores. The time between infection with syphilis and the first symptom can range from 10 to 90 days (average 21 days).</p> <p>The chancre is usually firm, round, small, and painless. It appears at the spot where syphilis entered the body. The chancre lasts three to six weeks, and it heals without treatment.</p> <p>However, if treatment is not administered, the infection progresses to the secondary stage and can be fatal.</p>
What Harm It Can Do to You	<p>Besides rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue.</p> <p>Without treatment the infection will progress to the latent and late stages of disease, where it can cause heart problems, neurological problems, and other serious conditions.</p> <p>Genital sores (chancres) caused by syphilis make it easier to transmit and get HIV infection sexually.</p>
What Harm It Can Do to Your Baby	<p>The syphilis bacterium can infect the baby of a woman during her pregnancy.</p> <p>Infected women may have a high risk of having a stillbirth (a baby born dead) or of giving birth to a baby who dies shortly after birth.</p> <p>An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks.</p>
How it is Diagnosed	Through a blood test or by taking a sample from one of the sores.
Treatment/Prevention	<p>Syphilis is easy to cure with antibiotics in its early stages.</p> <p>Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.</p>

STD	Trichomoniasis
Description, Ways it is Spread	<p>Caused by the single-celled protozoan parasite, <i>Trichomonas vaginalis</i>.</p> <p>The most common curable STD in young, sexually active women.</p> <p>The vagina is the most common site of infection in women, and the urethra (urine canal) is the most common site of infection in men.</p> <p>Women can get the disease from infected men (through vaginal intercourse) or women (from vulva to vulva contact), but men usually contract it only from infected women.</p>
Symptoms	<p>Women: Some have symptoms of infection.</p> <p>Symptoms include a frothy, yellow-green vaginal discharge with a strong odor, irritation and itching of the female genital area. May cause discomfort during intercourse and urination. Symptoms usually appear in women within five to twenty-eight days of exposure.</p> <p>Men: Most do not have symptoms. Some men may temporarily have an irritation inside the penis, mild discharge, or slight burning after urination or ejaculation.</p>
What Harm It Can Do to You	<p>Can increase a person's susceptibility to HIV infection if exposed to the virus.</p> <p>Having trichomoniasis may increase the chance that an HIV-infected person passes HIV to sex partner(s).</p>
What Harm It Can Do to Your Baby	<p>Infected women may have babies who are born early or with low-birth weight.</p>
How it is Diagnosed	<p>A healthcare provider must perform a physical examination and laboratory test to diagnose trichomoniasis.</p> <p>The parasite is harder to detect in men than in women.</p>
Treatment/Prevention	<p>Trichomoniasis can usually be cured with prescription drugs.</p> <p>The symptoms of trichomoniasis in infected men may disappear within a few weeks without treatment. However, an infected man can continue to infect or re-infect a female partner until he has been treated. Therefore, both partners should be treated at the same time to eliminate the parasite.</p> <p>Persons being treated for trichomoniasis should avoid sex until they and their sex partners complete treatment and have no symptoms.</p>

Communication Tips

- Select where and when to have the discussion
- Be clear on what you want
- Start with a positive remark
- State how you feel
- Say “I” instead of “You”
- State your needs and give reasons
- State what you want from your partner
- Listen actively—say back what your partner is expressing
- Explain that you would like to solve the problem together
- Do not blame your partner or undercut your partner’s self-esteem
- Offer suggestions or options
- When your partner does something you like, tell him
- When your partner makes snide, sarcastic or demeaning remarks, immediately tell him you do not like it
- Stay calm. End fights immediately
- Stay firm

Session Four Main Points

The main points of this session are:

- Untreated STDs can have serious effects on the health of a woman and her future baby.
- Getting tested for STDs is the only way to know if a person is infected because many STDs have no symptoms, especially in women.
- Getting an HIV test is NOT a protection strategy.
- We each experience personal barriers to getting an HIV test, but we can apply problem solving to overcome them.
- There are communication tips that can help us discuss testing with a partner.
- Mutual Testing involves four steps:
 1. Get tested together on the same day.
 2. Use condoms for three months; do not have unprotected sex with anyone else or share works during that time.
 3. Get tested together again in three months.
 4. If you give up condoms, negotiate a safety plan.

Session Five

How Do I Ask My Partner to Use Protection?



Scripted Role-Play—Yvonne and Carlos

• and is *(Carlos is sitting at the table in his and Yvonne's apartment. Yvonne just walked in standing next to him.)*

CARLOS: Where's the baby?

YVONNE: He's with Rosa.

(Yvonne puts her keys and purse on the table.)

CARLOS: I thought you were picking him up.

YVONNE: I decided not to.

(Yvonne kisses Carlos' forehead. Carlos smiles.)

What are you doing?

CARLOS: Just finishing up this report. I'm going over my figures one more time before I hand it in tomorrow.

YVONNE: You look tired. Quieres un masaje?

(Yvonne rubs Carlos' shoulders.)

CARLOS: A massage sounds good. Mmmm. How was your meeting?

(Yvonne sits on Carlos' lap.)

YVONNE: Fine. I want to talk to you about something.

CARLOS: What's the something?

YVONNE: HIV.

CARLOS: *(laughing)*: You gotta be kidding. HIV? What do we have to say about HIV?

YVONNE: Well, I think we should discuss it, that's all.

(Yvonne gets up and sits on the other chair.)

CARLOS: *(suddenly aggravated)*: Wait a minute. Are you trying to tell me something? Don't tell me you've been fooling around!

YVONNE: *(calmly)*: That's what I mean. We've never talked about what we might have done that might give us something to worry about.

(Yvonne strokes Carlos' arm and face.)

You know that in the two years that we've been married, I have never even looked at another man, but I don't know about you.

(Carlos is getting angry. He points his finger at Yvonne.)

CARLOS: Who put this into your head? Can't you see that I am busy? I have to hand

this report in tomorrow. You don't have enough to worry about, that's your trouble.

(Yvonne takes the calculator from Carlos' hands.)

YVONNE: Didn't you used to go out with Luz Rivera? You know, the pretty one that used to sleep with all the guys from the neighborhood?

(Carlos yanks the calculator back.)

CARLOS: So what if I did?

YVONNE: She has HIV. Did you make love to her?

(Carlos is angrier now, pointing at Yvonne, getting close to her face.)

CARLOS: Look, I'm not talking to you! There's nothing you need to know! I'm gonna finish this report, then I'm going to bed. I have a rough day at work tomorrow, and I don't need you or your crazy notions!

(Yvonne stands up behind the chair.)

Next thing you know, you'll be telling me we should use condoms.

(Yvonne is mad now, too.)

YVONNE: Maybe we should use condoms! I'd feel better if we did! I am just trying to take care of us, that's all.

CARLOS: You are just trying to take care of us?

(Carlos stands up. He is getting louder and louder. He moves closer toward Yvonne and

is more “in her face” with every sentence.)

I'm the one who takes care of us, and I say no condoms and no more talk about HIV. I'll tell you if we need to be worried. And if you don't like the way I'm taking care of you or the baby, just keep it to yourself!

(Carlos puts his hand under Yvonne's chin.)

Just because you're a career woman now doesn't mean that you should forget what your main concern should be, and that's our son! Not Luz Rivera!

Now leave me alone.

(Carlos turns away from Yvonne, then quickly swings his hand back towards her face. Yvonne looks scared and takes a step back.)



Scripted Role-Play—Sandy and Phil

- **Phil:** Baby, are you free next weekend and the weekend after that? I'm really feeling you!

Sandy: You sure want to capture the market on my time.

Phil: You bet.

Sandy: Whoa, we need to talk first. You understand. I don't want to go too fast here.

Phil: Whatever you say. What's it about?

Sandy: I just know about too many women with HIV. It worries me. And some of these other infections can make a woman unable to have children. I don't want that.

Phil: So, what are you telling me?

Sandy: Before we hit the bedroom, I'd feel a lot better if you wore a condom.

Phil: I hate condoms. Sex feels terrible with them.

Sandy: It doesn't feel good?

Phil: You got the idea. It feels like screwing a rubber glove.

Sandy: That doesn't sound too exciting.

Phil: You got it.

Sandy: Well, it may not feel as exciting, but it keeps me from getting anything.

Phil: What makes you think I got something?

Sandy: I don't know. Do you? Have you ever been tested for sexually transmitted diseases?

Phil: No, but I'm sure I haven't got anything.

Sandy: You can't tell without testing. I'll leave you wanting more but you ain't gonna get inside of me without a condom.

Phil: I don't know. You're not getting serious are you? We're just having a little fun. I find you really exciting, but Well, I'm not looking for anything long term right now.

Sandy: Neither am I. I want to have fun too. And I know how to make condoms fun.

Phil: I can't buy that.

Sandy: That's my bottom line. I can't get into it if I'm worried about getting pregnant or getting an infection. I will feel sexy only if you wear a condom.



Scripted Role-Play—Krista and Karim

Krista: That fish was cooked perfectly.

Karim: I'm glad you liked it. I really went for your chocolate cake. It was heavenly.

Krista: Thank you.

Karim: You know, Krista, I wasn't sure you liked my part of the dinner. You were so quiet, like you had something on your mind.

Krista: No, I didn't have anything on my mind.

Karim: Come on now. We've been together too long for that. I can tell when you're thinking about something.

Krista: It's nothing bad. I guess I was just thinking about what I heard on the radio.

Karim: What's that?

Krista: It's not dinner conversation.

Karim: We're finished. Besides our best talks have always been at dinner.

Krista: Well, OK. They announced that there are new programs to promote the female condom, and I can get some free.

Karim: What's that—a female condom? You're kidding. I never heard of one.

Krista: The woman wears it. It kind of looks like a big condom. The closed end goes inside the vagina, and it has an opening where the entrance to the vagina is. So it covers the whole inside, and you can see it a little bit outside, you know.

Karim: I can't picture it. You would have to show it to me.

Krista: Does that mean you wouldn't mind if I used one?

Karim: I can't really answer that until you tried it, but it sounds kind of stupid to me.

Krista: So, I can try it?

Karim: I'm not crazy about the idea. It sounds kind of weird. It might take the good feelings out of sex. Do you have to pop out of bed and put one on?

Krista: No, you can put it in hours ahead of time.

Karim: Why do you want to do it anyway?

Krista: It's pretty simple. I hate how my body reacts to the side effects from taking the pill, and I don't want to get pregnant right now. Things are going good for us and I don't want us to get HIV or something and mess up everything just because we were not with each other. I could enjoy myself sexually a lot more if I knew we were safe.

Karim: I just don't see it.

Krista: OK, then. Are you willing to wear a condom?

Karim: No. We've been together three years, even if there have been a few gaps in our relationship....we don't need to worry.

Krista: I like it that you feel safe with me. Still, there were those times when we had broken up for a few weeks. And we've never gotten tested together, so we don't know for sure. How about us getting tested together?

Karim: I'm not sure I want to know. Say you find out you got HIV. Then you'd just sit around and wait to die.

Krista: Well, there is treatment if you do have HIV and it can help you to be healthy and live longer. But if we're not infected, then I want to stay that way. So, it's either the male condom or the female condom.

Karim: I'd lose my erection with a condom. Don't you trust me?

Krista: I care about you very much. That's what counts. It sounds like the female condom is the only choice.

Karim: Hmmm, OK, go ahead and get one, and we'll see what it looks like. I'm not promising anything. Is that clear?

Krista: Yes.

Karim: It kind of bothers me that you bring this up. I'll have to think about it. But, remember, I'm not agreeing.

Krista: You really make me happy by at least seeing what it's like.

Dealing with Difficult Reactions From Partners

Negotiations:	Works toward reasonable no-lose solutions
Relaxation:	Helps you remain calm and in control
Problem-solving:	Jointly trying to solve a problem
Empathy:	Showing that you understand how the other person feels
Assertiveness:	Stating how you feel, what you need, what you want and what your bottom line is
Delaying:	Diverting attention to something less provocative
Leaving:	Removing yourself from the scene
Self-talk:	Good for preparing for provocative situations and for staying calm and focused in confronting them. It's your private pep rally.

Self-Talk

There are two types of **self-talk**.

- Self-talk can be used to manage your own feelings, so you can function better.
- Self-talk can also be used to work on fixing a problem situation.

Both kinds of self-talk can really come in handy when you're dealing with difficult situations.

When negotiating with your partner, consider the following phases of self-talk:

1. Preparing for the situation
2. Dealing face to face with the situation
3. Becoming overwhelmed—many people do not experience this phase, but it can happen
4. Afterwards—evaluating how you did



Examples of Self-Talk:

Say you're getting ready to talk to your partner—you're in the preparation phase.

Maybe your self-talk is:

- "I'm uncomfortable because he might get angry at me."

To remain calm, and keep yourself from being highly stressed, self-talk may be helpful and could include the following:

- "I'll take a few deep breaths."
- "I can stand his getting angry at me."
- "I can handle this even if I'm nervous."

What you tell yourself can really make a difference in how you feel.

Self-talk can also help you plan how you'll talk to your partner. For example, you can tell yourself,

- "If he gets angry, he's the one with the problem."
- "I will decide when and where to talk with him."
- "I will figure out exactly what to say to him."
- "I'll anticipate what he might say and think of how to respond to him."
- "I'll go through it in my mind ahead of time and practice the whole scene."
- "I can deal with his anger."

More Examples of Positive Self-Talk:

To Keep On Track

- "Stay with the plan."
- "Keep focused."
- "Don't let him intimidate me."
- "Don't throw it back in his face."

- "Remember not to undercut his self-esteem."
- "Listen and show him you got his message, even if you don't agree with it."
- "Stay firm."
- "Let him know what my needs are and don't get off track."
- "I can deal with him."

To Control My Feelings

- "It's OK to feel panicky."
- "Don't be afraid of losing control."
- "Step away for a minute and take a few deep breaths."
- "Shake out my hands and let my body go limp for a minute."
- "Walk around."
- "Take a break."
- "I can always take a break and bring it up again later."
- "What's the worst that can happen?"

To Handle Anticipated Negative Reactions

- "I'll tell him to stop yelling at me."
- "I'll just keep repeating what my needs are."
- "I'll leave the room."
- "I know he is just trying to get me upset."
- "I'll try very hard to stay focused on the target and ignore the rest."
- "I can stop this nonsense any time."
- "No matter what, I will make sure I tell him what I want."

AFTERWARDS:

If the Situation Resulted in a Favorable Outcome

- "How do I feel? I feel good!"
- "I did a pretty good job."
- "I surprised myself."
- "Maybe I can learn from this how to handle these situations."
- "I think I'll go buy myself a treat."
- "He knows what is important to me—what I need."

If the Situation Was Not as Successful as Desired

- "I feel pretty good but a little disappointed."
- "I can do better next time."
- "I did some things pretty well."
- "I can see how to improve."
- "Next time I will start with a different approach."
- "It was really tough but I gave it a good try."
- "He was really angry, but now he knows what I need and what I want from him."
- "I can get advice from a counselor or friend."

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Sacred Sex

by Brenda Peterson

"If we open ourselves to other ways of looking at sex, we'll discover that making loves does not always have to be about intercourse, but is as much an act of the spirit as of the flesh."

BODY:

When, in 1968, I was 19 and in my freshman year at college, I took part in an experimental program called Self and Society. Our program included sexual-relations studies and introduced the college's first coed dorm, with males and females sharing everything from bathrooms to bedrooms. Oddly enough, familiarity between the sexes bred neither contempt nor couples. Instead, most of us found ourselves living side-by-side like siblings.

My boyfriend, Daniel, and I were one of those few couples who met sharing the same bathroom mirror, he shaving and I putting on makeup. Daniel was dreamy and imaginative. We would escape to his room and read novels together and act out the dialogue and love scenes. We were, in fact, both virgins. I was on the health clinic's waiting list for birth-control pills and was very afraid of pregnancy in that time of illegal abortions. Daniel did not trust condoms. We both wanted the protection of the Pill. This meant that for four months we would have to figure out how to make love without intercourse.

One day Daniel showed me an old Chinese Taoist pillow book he had bought in Hawaii. It was an instructional manual usually given to newlyweds for practicing sexual arts. Illustrated with elegant watercolors and indecipherable Chinese characters, the book did have an English inscription in delicate penmanship: "Practice with careful tenderness. Breathe together."

We lay propped up over the exquisite picture book: Here were couples gazing tenderly into each other's eyes, their delicate limbs entwined in elegant postures of worship, abandon and surrender as they stroked thighs, toes, bellies, gently sloped backs or graceful buttocks. Our favorite picture was a couple in a garden, a languid willow falling over their pallet as the woman lay back, contented and trusting, against the man's chest. Embracing her from behind, his hands held her breasts as if they were the most precious porcelain vases held up to the golden daylight. At her feet a pink lotus burst open with their pleasure.

Another favorite was a bathing picture that Daniel and I decided to recreate every weekend. During the week I spent hours in health-food stores buying lavender soap, loofah sponges and a bubble elixir called Treasures of the Sea, whose beads turned the bath into hot blue. He brought volcanic pumice stone for my feet and coconut massage oil for my skin. Because he was deeply interested in geology, he made a life-size topographical map of my body, naming his favorite places—my back, hand and neck. I wrote him poetry, reciting it in our bath as we faced each other, encircled by candles. In our glowing water cave, we were two initiates, learning the luxurious language of touch and time.

Some weekends studying our pillow book we would play my Miriam Makeba album. The drumming flowed

through our bodies—our heartbeats. The music moved our hands as we slowly caressed each other. One night, as we embraced, we imagined we were snakes in a slow-motion dance under the earth. In our play we were all the animals we loved, making love. And in our animal selves we glimpsed that this intimacy was a prayer for the whole Earth.

Sometimes we would sit naked, back to back, and simply breathe together. I could feel his heartbeat through my backbone, and I trembled to hear his pulse in my body. Then, turning face to face, we let waves of energy wash over us, and our bellies rose and fell together like molten lava. Each time Daniel felt himself on the edge of orgasm we would both keep still, our bodies against each other. Daniel discovered, quite by accident, that he could stop the urge to ejaculate by pressing on a sensitive point between his scrotum and anus for several seconds. This pressure would only increase his pleasure, allowing him to build wave after arousing wave. Instinctively, I would place my hand on top of his head, the other on his buttocks. It was like holding the whole of him between my hands. After a moment, we would both grow calm and tenderly draw away from the fire in our genitals.

“Breathe, breathe,” we would say and inhale in sync. The energy moved to our heads and feet all at once like an ecstatic undertow, a sensual, slow flow that awakened arms, tingled in legs and sung along our spines. “Bottom of the ocean” we called this joy, as our bodies tumbled together, sinking deep, settling at last on the seabed where the pulse of something greater like the sea rocked us. Our skin smelled salty, and our naked bodies gleamed like phosphorescent fish. We gave off our own light, our own spinning gravity. Sometimes I would fall asleep, my body stretched on top of Daniel’s; sometimes I would wake to find him resting atop mine. Even when we were apart during the day, we would carry each other’s bodies against our own like a fragrance, sweet and spicy.

It is a great irony of my youth that Daniel and I parted before I obtained the birth control pill to allow us actual intercourse. But in all our erotic explorations we hardly missed “going all the way,” since we found so many other pleasurable ways.

I finally got the Pill, my own little compact wheel of life, and I lost my virginity then with a young man who was kind but less inspired than Daniel, my first lover. When I told another friend about my search, she responded, “What I’m putting on the pillows of my two teenage daughters these days aren’t how-to’s, but how-not-to’s—I mean, I’m giving them AIDS pamphlets.”

My friend, a single parent, was deeply concerned. “Having teenagers gives me nightmares,” she told me. “Here my girls are supposed to be awakening to the mysteries and pleasures of their bodies. Instead, they have to reckon with a fatal disease. What do I tell my 19-year-old when she says, ‘To make love now is to make death, isn’t it, Mom?’”

The fears of my friend and her daughter are understandable. In the nineties, to lose one’s virginity can also be to lose one’s life. But as AIDS sets boundaries and limits on our sexuality, maybe we need to respond to the danger of intercourse not by closing ourselves off from one another but by exploring other ways of making love, by seeking a new Eros in this time of epidemic. I am not an authority on sex—in fact, I consider myself a pilgrim on my meandering, often bewildered way—but as a writer, I’m becoming increasingly aware that our sexual stories are getting narrower and more limited while our imaginations are dominated by the fear of this modern plague. If we open ourselves to other ways of looking at sex, might we find alternatives to terror?

Even those of us who do not face a high risk of AIDS can benefit from creating new sexual stories. For instance, my generation was at the front lines of the sexual revolution, armed with our birth control mandalas. Few of us remained virgins for long. Yet I have come to feel that another kind of virginity has remained intact for many of us who were teens in the sixties: the virgin territory of touch. What we did not realize about our sexual freedom was that we had much to lose—not physically, but emotionally—once we had power to go from A to Z in a single night. In our rush to reach the genitals and intercourse, we take the straight and narrow freeways and miss the astonishing, lavish countryside of the body itself. We hurriedly pass on through, territory that is wide open, awaiting our touch: the curves of calf and shoulder, the sculpted glory of low backs, the insides of thighs, the lovely flanks and forearms and finger; the lips like the bright flesh of silken pearls, so sensitive and telling.

Then there is the deep soul-searching of long, moving embrace, our bodies entwined and growing together like trees. In one of her 1985 advice columns, Ann Landers asked women this question: “Would you be content to be held close and treated tenderly and forget about the act?” Within four days, she received 100,000 replies. Seventy-two percent said yes, they would be content simply being held, and of those respondents, 40 percent were women under 40-years-old. I suspect that if this same question were asked of young men, a surprising number would agree that being sensually and tenderly held is oftentimes preferable to intercourse. In the recent anthology *To Be a Man: In Search of the Deep Masculine*, writer Don Hanlon Johnson lamented the loneliness of the male body and the masculine ideal of standing alone: “Alone, we ache for contact. That ache, we now know from various medical studies, is a major factor in male patterns of illness, addiction and death.”

Might we add AIDS to that lonely list of killers? Recent scientific studies show that the AIDS virus survives our cures because it can easily change and mutate new forms; we might outwit AIDS by following the same strategy—changing our ways in order to survive. What if we had sex with fewer partners and touch each other more? It is our loss of sensuality’s life force, our focus on sex instead of intimacy and our forgetting to truly touch another body and soul that have contributed to the spread of sexually transmitted diseases. A massage-therapist friend of mine who volunteers for In Touch, a Seattle organization of licensed therapists devoted to massaging people with AIDS, tells me: “Often my clients weep and say I know their bodies better than their lover, that I’ve touched them more often than anyone in their lives.”

The current widespread interest in the therapeutic massage and other bodywork techniques may well be an effort to teach ourselves how to touch and be touched, to learn forms of physical expression that have to do with the whole body, play and trust rather than the genitals, orgasm and danger. If we teach ourselves and our children skillful, conscious touch, we might find a healing—not only from the inner wound that come from living in a culture in which sexuality has silenced much of our native sensuality. It is not enough anymore to pass out condoms and AIDS education brochures or preach impossible abstinence. Young and mature alike, we all deserve enlightened education that includes specific sensual techniques and alternatives to intercourse.

Here are a few lessons we might consider teaching ourselves and our children:

TANTRA IN THE TIME OF AIDS

For thousands of years, the Tibetans, Indians and Chinese have apprenticed themselves to the ancient sexual art of tantra by practicing lovemaking as a sacrament. According to this Hindu tradition, tantra was first embodied in the god Shiva and goddess Shakti, whose divine lovemaking was a dance that they believed kept the world spinning. In today's world, with the AIDS epidemic and other impediments to intimacy spinning out of control, this ancient tradition seems more relevant than ever.

In Sanskrit, the word *tantra* means “expansion” or “weaving.” When we weave other ways of giving and receiving sexual energy—expanding our sensual repertoire to include everything from bathing to gazing to bodywork to prayer to playful dialogue—we are invoking this ancient tantric spirit.

Tantric yoga was a partnership that focused on health as well as spiritual and sexual intimacy. The word *yoga* means to “join together” the self with the sacred. In other words, tantra has long been seen as a holistic approach to union—of bodies, mind and souls.

Today, we need intimacy that involves all our senses, our science, our healing and our health. Turning to tantra in time of AIDS is one way that we can heal the spirit–body–mind split that has harmed our bodies for so many years. Studying tantra together can offer couples a new definition of lovemaking.

Tantra is not always sexual—it is a realm of intimacy entered through conscious touch and reverence for another's body. At one end of the spectrum, you can practice tantra with a friend, giving and receiving non-sexual touch. With a massage so widely available in so many varieties—from the gentle acupressure of *jin shin jyutu* to the deep muscle work of Rolfing—we have a tremendous opportunity to explore one another's bodies through healing touch. Nonsexual touch can be a powerful life force and a physical communion. By learning to touch and by teaching touch to our children, we create a future in which we'll have a multitude of choices during intimacy and in our everyday life. We open ourselves and our relationship to being touched by more people than simply our sexual partner. This, too, is tantra—the weaving of the non-sexual into territory where we previously only allowed our lovers.

With practice and play our hands can learn to listen to another's body as if hearing the most astonishing music: There is the pulse of the blood rivers running like rapids in our veins; the delicate wind chimes of the breath; the subtle energies of the nervous system that sing high and clear as a tuning force; and the *thrum thrum* of the heartbeat, like a strong drum from the Motherland, telling stories from the interior of our bodies—our true shelter—our home.

TOUCHING WITH LOVE

In describing her healing ministry with lepers in India, Mother Teresa has said: “We must touch with love.” Her words embody a truth that much of modern touch has forgotten: that compassion (literally, “to suffer with”) can be part of the essential gift exchange we offer one another's bodies. Many of us have experienced that when touching a body broken or in pain, we feel an actual movement in our hearts—an echoing ache, an opening, as if our bodies resonate with another's anguish. It is a physical reaction, body to body, as our hands sense the other's agony. And in response, our hands soothe, hold, embrace, massage, memorize.

Elisabeth Kubler-Ross, M.D., a psychiatrist who studied acceptance of death and grief, tells this story of her

early medical training. There was a hospital aide who was a favorite of the patients. Every time she visited, the patient's vital signs would pick up and the person would seem remarkably improved or at least free of pain. No one in the hospital staff paid much mind to the woman's restorative visits until Kubler-Ross took her aside and asked, "What are you doing to the patients when you visit?" At first the aide was afraid of reprimand and wouldn't answer, but finally, her confidence won, the woman said simply: "I touch them. I just touch them."

If we were to teach compassionate touch as part of our sex-education courses, wouldn't lovemaking become a truly healing encounter? If instead of denying the specter of AIDS in our sex lives, we were to face it fully by admitting our terror—of intimacy, of death—might we be more able to touch one another with kind, conscious hands? Might we make sexual contracts that we didn't break, knowing that we literally hold another's life in our hands? Might this new compassion for another's body inspire honesty and profound trust? A mindful preliminary to intercourse, then, would be getting an AIDS test together. This is certainly a prerequisite for understanding sex as compassion.

PRACTICING SELF-LOVE

A massage-therapist colleague recently told this story. She used to hate her hair. "It was thin and patchy," she said. "Every morning I'd glare at it in the mirror and demand to know why it was so ugly. One day during this daily cursing, I touched my hair, and it felt so...so sad, dejected. I suddenly understood that all my life I'd focused on my hair as my worst liability, blamed it. How could my hair have grown under such contempt?"

The woman made a promise to herself. Every morning for a month she would brush her hair and sing to it, tell it how beautiful it was. "Such loving kindness works on plants," she said, "why not my hair?" After the month, she noticed that her hair had a new shine. She decided to continue this loving practice, and within a year her hair was no longer growing in patches but was thick and strong—astonishing her hairdresser.

The new physics tells us that when we look at something we change it by the simple fact of observing it. Because for so much of history humans have viewed loving the body and exploring sexuality as sinful, doesn't it make sense that we would involve self-hatred and despair every time we intimately touched ourselves or others? The real sin is not, as some religions might warn us, the "self-abuse" of touching our own bodies sexually; it is abusing the body by despising it. In the same way that my friend changed her hair from the inside out, we might teach ourselves self-love by choosing to honor whatever part of our body we have always dislike. By creating rituals and rites that celebrate those thighs or bellies or buttocks that have borne so much of our contempt.

The same is true for our genitals. In her book *Masturbation, Tantra and Self Love*, Margo Woods describes the practice of self-love as a kind of meditation, as an "opening of the heart." "The most important thing to know about being a partner is knowing how to be with yourself," Woods writes. "It is absolutely necessary to have a private sex life." When we open our body to another for sex, it's as though we are opening our home to share with that person. Our private acts of self-love can help instill in us a respect for our body that will prevent us from sharing our "home" with someone who would condemn or damage it. Our inner critics are always with us; all we can do is balance them with a tolerance for our own frailties, our inevitable shortcomings, our humanness. We are not perfect, but we are still, every one of us, holy.

SEXUAL HEALING AND SACRED SENSUALITY

In some ancient civilizations, such as those of Sumeria, Egypt and Greece, sacred sex was a healing act. Those who returned from war were taken first to the temples of the Holy Prostitutes. Here the soldiers were restored to their sense of self after having seen so much bloodshed and violence and death. Each maiden in the society was asked to serve at least a day in this temple ritual. These women considered their service a sacred honoring of the goddess; it was a privilege to perform the holy arts of sexual healing. The priestesses—prostitutes—offered ritual bathing, cleansing, massaging, praying and purification through lovemaking. This holy lovemaking restored health and balance so that the soldier could return to daily life.

“The ancients knew what we’ve forgotten,” writer and therapist Deena Metzger said in a recent television interview about the Holy Prostitutes. Metzger believes that this ancient ritual was less about sex than about soul-making. In her essay: “Revamping the World: On the Return of the Holy Prostitute” (*Utne Reader*, August/September 1985), she wrote “through the Holy Prostitute, one came to God.”

The ancient recognized sensuality as a life force strong enough to redeem the warrior from death’s stranglehold. If we as a culture choose to restore the life wish of our sexuality and so balance the death wish that lurks now within our lovemaking, we could change our future. Sensual education can be as vital as sex education. If every couple were to make pillow book together, what new story might we write on the open book of our broken bodies?

Sexual healing is *the* healing of our times. Like those ancient soldiers surviving the battlefields to return to the temple of the Holy Prostitutes and reenter the doorway to the divine life here on the earth, we have all been through our own personal wars. We’ve all borne witness to terror and violence. Too long has death been what declared us divine. Our religions have focused on it; our warrior myths celebrated it. We have seen so much death we are breeding it.

In his moving essay “Bodhi is the Body” (from *The Erotic Impulse*), Marco Vassi writes: “To know oneself as a body is more important, at this moment in history, than to read the words of all the wise men who have ever lived.” And to learn how to touch each other’s bodies as if they were our hearts and souls, as if we could save our own lives, is the work and foreplay of the future.



Safely Using and Maintaining Sex Toys

- ⇒ Do not share sex toys with your partner.
- ⇒ Clean them between uses—if they are silicone you can boil it.
- ⇒ Use lubrication if you do insert them.
- ⇒ Do not put used sex toys in your or your partner's mouth.
- ⇒ Do not insert the sex toy from anus to vagina.

Session Five Main Points

The main points of this session are:

- There may be different techniques necessary to ask a steady partner or a casual partner to wear a condom or accept you wearing a female condom.
- We can respond assertively to negative attitudes toward using protection.
- When we encounter difficult partner reactions to condom use we can try negotiation, relaxation, problem-solving, empathy, assertiveness, delaying, leaving, or self-talk.
- There are many fun, sexy things we can do that do not include penetration called “outercourse.”

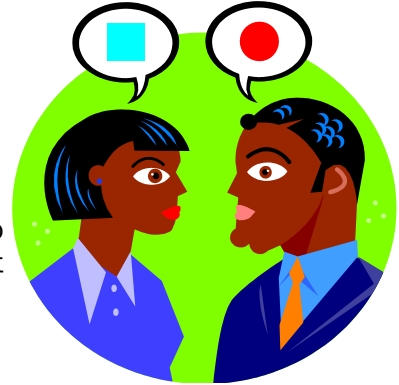
Session Six

How Do I Influence My Partner to Use Protection?

Tips to Influence Your Partner

- **Use strategies that worked in the past.**

Determine when, where and how you successfully persuaded a partner to do something he did not want to do in the past. If you find a strategy that worked for you in the past, build on your past successes.



- **Decide on your bottom line and what trade-offs you are willing to make.**

Before you approach your partner, think through what your bottom line is: you don't want to "cave in" later because you will likely lose your credibility in your partner's eyes. The next time you want to have a similar discussion, he may not take you seriously.

- **Figure out what and whom your partner respects to serve as examples.**

If your partner respects a friend, celebrity or famous person who is living with, or died from AIDS, use that person as an example to reflect your concerns about getting infected with the virus.

- **Identify what challenges and what supports your partner's self-esteem.**

Don't forget the culture from which you both come. What are your partner's values within that culture? How can you persuade your partner without cutting him down? Can you use his strong feelings about family or a role as the protector? Find reasons to change that make sense to your partner.

- **Develop strategies that fit you, your partner, and your relationship.**

No two couples are the same. You have a choice about what strategy seems best. Feel comfortable about your approach.



Theresa and Gabriel

- **Theresa:** Hey Gabriel, remember when I told you about this course I'm taking at the women's health agency. The one on HIV. Remember? You encouraged me to go.

Gabriel: What are you going to be? A volunteer for people who got AIDS?

Theresa: No. This is about protecting yourself and your partner. That's you - my good old partner. And protecting your kids, if you want them. And about stopping the spread of HIV and other STDs in our community.

Gabriel: You're not going to get HIV. How could you get it?

Theresa: Look. I love you. I want us to have children.

Gabriel: I want them too. You're the one who wanted to wait. Six kids. I want a big, big family.

Theresa: OK. Big Daddy! Before we try to have all these kids, I need to be sure. If I got one of these sexually transmitted diseases, I could become infertile.

Gabriel: You mean you couldn't have kids?

Theresa: Right.

Gabriel: You're not going to get anything. What are you talking about?

Theresa: Do you know you could have a disease and not know it?

Gabriel: You said "you." Are you talking about me? Of course, I'd know it. You'd get sores or something.

Theresa: You're wrong. I learned that with a lot of these diseases there are no signs. And they can just sit in you waiting to show up.

Gabriel: Don't tell me I'm wrong. I knew this guy who had syphilis. He got big sores. I know what I'm talking about.

Theresa: Did you ever hear of Chlamydia?

Gabriel: OK. OK. You're so smart now. No, I never heard of it.

Theresa: Well, there are no signs, and it can make you or me infertile.

Gabriel: Not me. I got very powerful sperm.

Theresa: I'm not kidding. We've got to do something about it—we could use condoms or get tested.

Gabriel: Oh, come on. Now you be serious. Tested? Condoms? Give me a break!

Theresa: That's what I want. I want us to use condoms. That would make me very happy.

Gabriel: That would make me very unhappy.

Theresa: You said you care about me getting sick.

Gabriel: Give me a break, Theresa! You know I care about you. You think I don't love you enough? What did I do wrong? You know I take care of you better than anybody you ever met.

Theresa: I'm not accusing you. I just want to feel safe.

Gabriel: This is stupid. You're healthy. I'm healthy. We've been together forever. What do you want?

Theresa: I want to be healthy. I want us to be healthy. And anyway, you can't tell if someone has an infection by looking. A lot of healthy looking people have sexually transmitted diseases.

Gabriel: Sure, but where did they get it? You know I don't play around. You better not be.

Theresa: I'm not.

Gabriel: Come here.

Theresa: No. Don't try that on me. We've got to come to some agreement.

Gabriel: I am not wearing a condom.

Theresa: Yes you are.

Gabriel: Don't tell me what to do.

Theresa: Don't tell me what not to do.

Gabriel: I love you. What more do you want from me?

Theresa: I know you love me. I'm just asking that you show it in this way—wear a condom.

Gabriel: I have not got a sex disease!

Theresa: So you say. I don't know. I don't know what you did before we got together.

Gabriel: Wait a minute! Wait a minute! Remember. Never talk to me about that. Never! I don't want to know nothing about you, and never ever ask me about my business.

Theresa: Fine. Then wearing a condom answers all questions. You told me you like the way we make love. Didn't you? I'm really good. Right? And you're a really horny guy. Right?

Gabriel: Yes. What's this leading to?

Theresa: If I keep worrying about getting sick, I'm not going to be able to let myself go. I'll just lie there like a dish rag.

Gabriel: Look I'm tired. Really tired. Can't we drop it for now?

Theresa: I'm not going away. Sure, we can talk about it some more later. But you know what I want?

Gabriel: For me to wear a condom.

Theresa: Do it for me and the kids we want to have. For you, too. I want your babies. I want you healthy.

Gabriel: Get me a beer, will you?

Theresa: Give me a kiss first.

Session Six Main Points

The main points of this session are:

- We can influence our partners to use protection.
- To prepare to influence our partners we can think about what worked in the past, decide on our bottom line and what trade-offs we will make, figure out what and whom our partners respect, identify what challenges and supports our partner's self-esteem, and develop strategies that fit our relationships.
- There are lots of fun ways to make condoms more erotic!

Session Seven

How Do I Refuse Sex or Unprotected Sex?



Scripted Role-Play—No!

• **Julia:** I want to talk to you.

•

Leon: About what?

Julia: About using a—

Leon: I don't want to hear it

Julia: About using a condom. I want to tell you—

Leon: There's nothing to talk about.

Julia: Please let me finish. I've told you I don't want sex without a condom. I've explained to you why it is so important to me. I care for you. I want to keep our relationship going. I want you to care for me.

Leon: You want me to do what you tell me.

Julia: I realize that's how you see this, but I'm not trying to boss you around. I just don't want us to get sexually transmitted diseases and HIV. I don't want any children of ours to get them either.

Leon: You are supposed to respect me.

Julia: Before you ignored my requests, I respected you a lot. I told you a lot. I told you I'd try to make sex more exciting. I've tried lots of different ways to please you, and you've said you've liked it. I don't know what more I can do.

Leon: You could have sex like we have been doing it for years.

Julia: I feel really upset that you won't protect us. It seems like a small thing to ask. If you can't tell, I am deeply hurt.

Leon: I can't believe you turned out to be such a bitch.

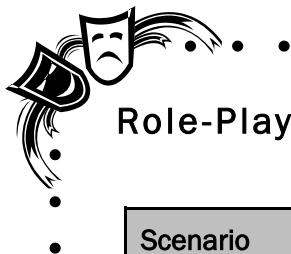
Julia: Leon, calling me names won't change anything. I'm not trying to put you down. I just want to protect us and our future family. I realize that you are angry.

Leon: I'm not angry.

Julia: Well, whatever it is, that's your feeling.

Leon: There's nothing more to say.

Julia: We have a big problem. You want sex. I want sex. We should both enjoy it. You won't give in and I won't give in. If we want to make it together, we had better find some way to solve this problem.



Role-Play Card–Patricia and Tommy

Scenario

Patricia

You and Tommy met through friends a few weeks ago. Both of you have hung out together at clubs and you found yourself getting more physical with Tommy. You call Tommy and invite him to come over. You want to have sex and have condoms on hand. You will refuse to have unsafe sex.

Tommy

You have been pursuing Patricia since you saw her with some of your friends. You want to have sex. You don't like using condoms. You refuse to use condoms.

Role-Play Card–Inez and Wilfredo

Scenario

Inez

Inez has been dating Wilfredo for a few months. She's had unprotected sex a few times with Wilfredo and was recently diagnosed with Chlamydia. She suspects Wilfredo has been seeing another woman. Inez wants to keep seeing Wilfredo but she wants them to start using condoms. You, as Inez, will refuse unsafe sex.

Wilfredo

Wilfredo has been seeing Inez for the last few months; they have had unprotected sex a few times. He is also seeing another woman. Wilfredo does not like using condoms. Wilfredo chooses women who look healthy and make sure they are using the pill or something else to keep from getting pregnant. You, as Wilfredo, refuse to use condoms.



Scripted Role-Play—Janet and Richard

(Janet and Richard are sitting on the floor at Richard's place. They are looking at a photo album.)

RICHARD: This is me the day we won our first little-league game. I pitched. What were you doing when I was winning little-league games? I wanna know everything.

JANET: I was probably watching my older brother lose at baseball. He was awful, couldn't hit. The whole family had to go and watch all his games and tell him he was great, no matter what. Oh, and if his team lost, he wouldn't speak to anyone for hours afterwards.

RICHARD: You look at the rest. I wanna look at you. You are very beautiful. You know, Janet, I'm very attracted to you. I've wanted to know you for some time. This evening's been very special.

(Richard reaches for Janet's hand. They start to kiss.)

JANET: Richard, shouldn't we talk first? We're going a little fast.

(Richard is getting more aggressive.)

RICHARD: We are talking. We've been talking all night. I know everything about you. I know about your brother, a lousy hitter. I know how you got that scar on your knee. I know that I've never, ever... been so attracted to someone before. I know that I want you.

JANET: Richard, no, really. We really should talk first. Look, I'm very attracted to you, and it's been a lovely evening, but sex is a little more complicated than it used to be.

RICHARD: What is that perfume you're wearing? I don't think I can concentrate any longer, but ask me anything.

JANET: Okay, all right. If we are gonna have—if we are gonna have a sexual relationship, what about your past relationships? And what about a condom?

RICHARD *(sounding angry or defensive):* Condoms? What do... What do you think I am? And what do my past relationships have to do with us?

JANET: Richard, things are different now. I don't wanna get any diseases. I wanna take precautions. Look, this has nothing to do with how I feel about you. It just makes good common sense. You shouldn't take it personally. We both need to take care of ourselves.

RICHARD (*sounding upset*): What is your problem? Condoms? I haven't thought about condoms since I was in high school. I don't understand you. I thought you liked me.

JANET: Look, I'm sorry. I didn't mean to upset you, Richard, but it just makes sense to me that two adults who want to be intimate with each other should be able to discuss taking precautions without a fight.

(Richard is getting angry.)

RICHARD: Without a fight? First, I get the third-degree, then you tell me you're afraid I'm gonna give you some disease. I must say, this is a first. Look, Miss FBI, I don't need this! Obviously, I made a big mistake. I can't wait to tell the other guys at the office— warn them about the FBI.

I think we've wasted enough of each other's time. I'll get your coat.

(Richard gets up to get Janet's coat.)

JANET: Richard, we can clear this up if we just listen to what each other is saying. Look, it's been a lovely evening, I just thought that maybe we could—

RICHARD: Here's your coat. I'll walk you to the door.



Scripted Role-Play—Maria and Tony

- *(Maria and Tony are sitting on the couch. Tony is reading a newspaper. Maria looks like she has something on her mind.)*

MARIA: Where'd you go last night?

TONY: Where'd I go? I had two shifts.

MARIA: Why? You don't have to work that hard. I mean, we're doing better. And we don't need the money now that I'm working.

TONY: To hell we don't. That's how much you know.

MARIA *(moving closer to Tony):* I need you to be with me. I mean, we need to spend more time together. What do we need the money for, anyway? I'd rather be with you than have the money.

TONY: We do need the money. I mean, how else can I buy you nice things? I like to give my lady the best. Yo te quiero. I love you, baby.

(Tony has his arms around Maria. He kisses her forehead.)

MARIA: I love you, too. But... Tony, I know that you don't want to talk about where you've been, but I'm scared about this virus that's going around. You know, HIV? Look, we just need to talk. I just don't want us to get sick.

TONY: Look, I told you I was working!

MARIA: You weren't at work. I called there.

(Tony throws down the newspaper.)

TONY *(getting angry):* So you're checking up on me now? Mira, if you don't like it, you can go back to your mother's. Es más, just drop it.

MARIA: Tony, you don't understand.

TONY (*getting louder*): Look, what do you want to do—come to work with me and follow me around everywhere I go? Look, I don't wanna talk to you. You'd better not bring this up again, otherwise you'll be seeing less of me around here. Comprene?

MARIA: Tony, please. Por favor, just talk to me. Tony, just talk to me—

TONY: Look, I've been talking to you, but you don't get it. I mean, that's it, that's enough! Se acabo! I'm not listening to another word. I'm leaving.

(Tony gets up and leaves.)

EXAMPLES OF ABUSE

PHYSICAL ABUSE:

Hit, Slap, Grab, Shove, Push, Kick, Choke, Scratch, Punch, Pull, Pinch, Bend.

SEXUAL ABUSE:

- Force you to have sex against your will.
- Force you to engage in sexual acts you do not enjoy.
- Force you to have sex with other people.
- Force you to have sex with animals.
- Force you to have sex with objects.

PSYCHOLOGICAL ABUSE:

- Threaten to hurt your children.
- Threaten to hurt your pets.
- Threaten to hurt your friends and family members.
- Threaten to damage your property.
- Use intimidation or manipulation to control you or your children.
- Become jealous without reason (want to know where you are every minute).
- Prevent you from seeing your family and friends.
- Prevent you from going where you want and when you want.
- Deny you access to family assets, bank accounts, credit cards, the car.
- Control all your finances and make you account for what you spend.
- Insult you or call you derogatory racial or sexual names.
- Humiliate you in front of others.

Dealing with Abuse

- Determine the signs your partner would show if he were to start becoming abusive.
- Have a plan for what you would do if your partner became abusive. If you had to leave, what would you take with you? Where would you go?
- Know when to leave—early in the sequence.
- Protect yourself—your physical safety comes first.
- Obtain outside support at the first sign of abuse.

Session Seven Main Points

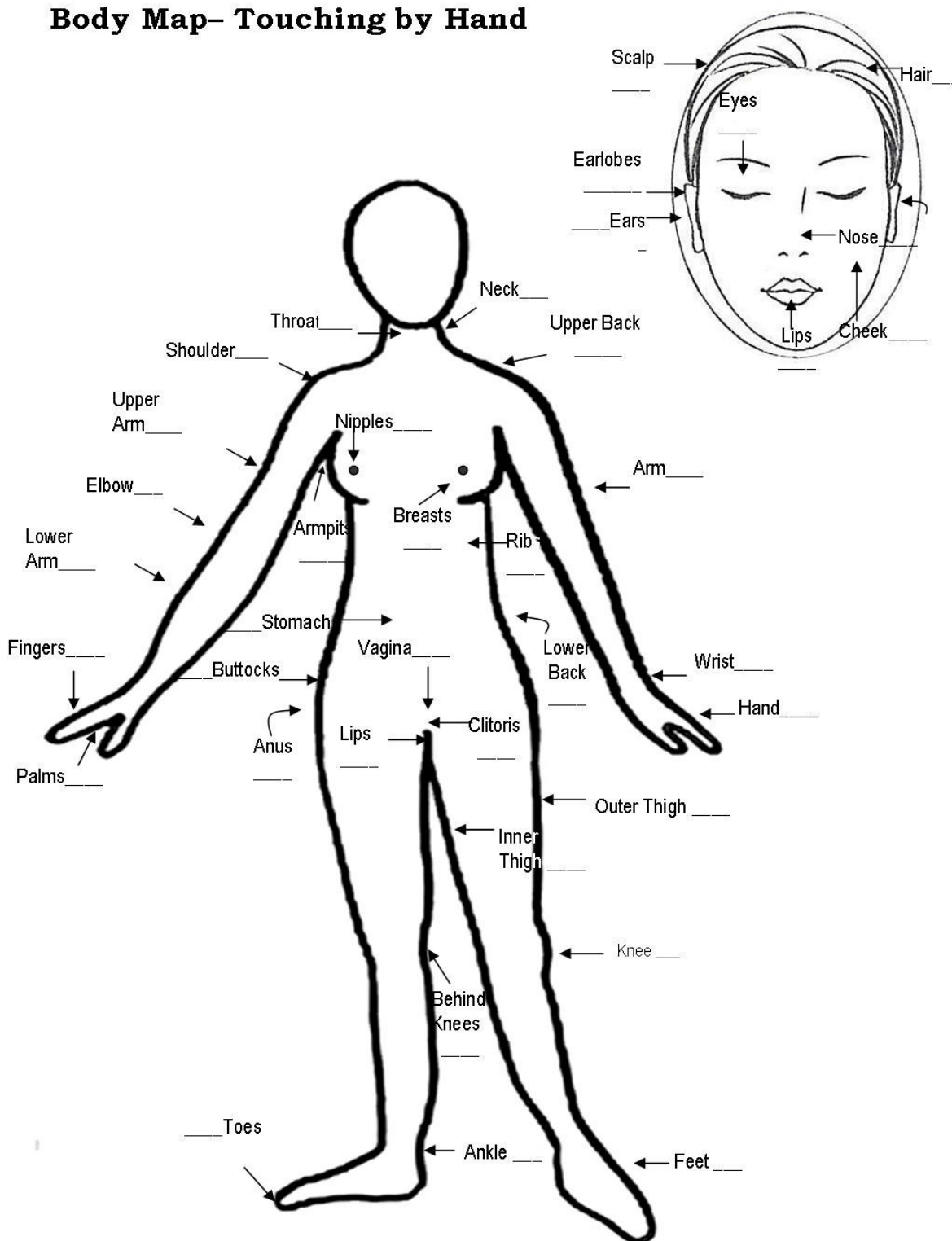
The main points of this session are:

- We can refuse sex or unprotected sex.
- Abstinence is an option for protecting ourselves.
- Abuse is not just physical, it can be sexual and psychological as well.
- When dealing with abuse, we should determine the signs, have a plan, know when to leave, protect ourselves, and obtain outside support.

Session Eight

How Do I Continue Protecting Myself
and Others?

Body Map- Touching by Hand



Body Map Legend:



I Love It



I Like It

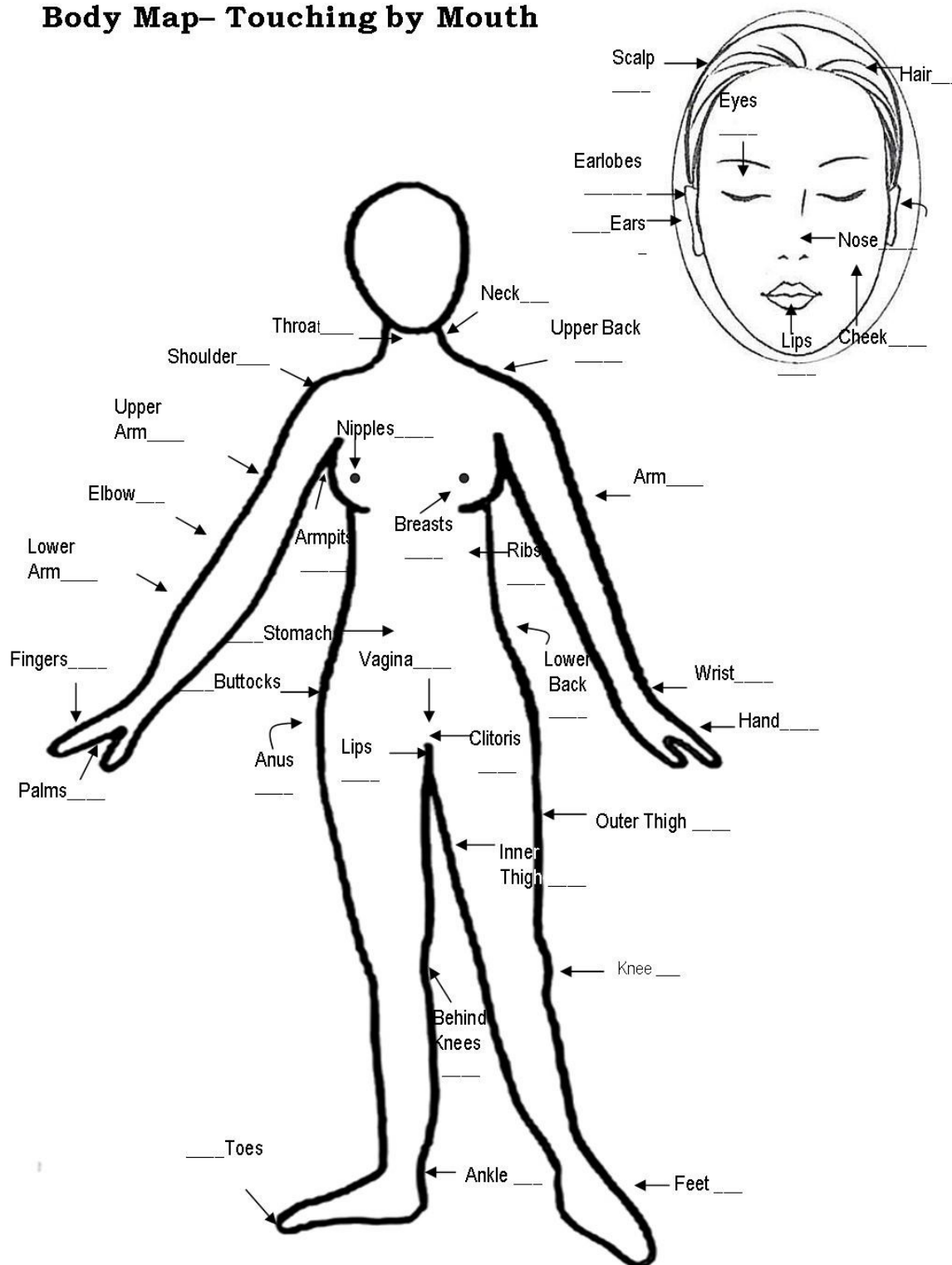


I Do Not Like It



Never Tried It

Body Map- Touching by Mouth



Body Map Legend:



I Love It



I Like It



I Do Not Like It



Never Tried It

Session Eight Main Points

The main points of this session are:

- If we understand our own sexual pleasure we can help our partners to learn how to make us feel good.
- We can recommit to protecting ourselves after a slip and come up with strategies for avoiding future slips.
- We all have goals and it is worth keeping ourselves healthy to work toward them.

